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ABSTRACT

Science Monographs, published by the National Institute of Mental Health, are book-length, integrative state-of-the-art reviews, critical evaluations of findings, or program assessments of current research on topics related to the NIMH mandate. This set of articles concentrates on strengthening the family. Articles concern ways to improve communication in marriage and an investigation of marriages that endure, parenting skills, parenting with difficult children, foster parenting, helping young children make the most of their potential, training single-parent families to solve problems through behavior therapy, and enabling people to relate more constructively to each other through use of the Relationship Enhancement technique. (NRB)

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families today

a research sampler on families and children

Eunice Corfman, Editor, NIMH

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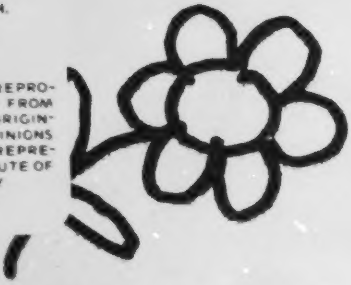

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IMPROVING COMMUNICATION IN MARRIAGE

Principal Investigator: Gary R. Birchler, Ph.D.

*Author: Herbert Yahraes**

Some married couples are reasonably or even very happy; others, miserable. Short of observing them over a long period, are there ways of distinguishing one from the other? Can the unhappy ones be changed?

Gary R. Birchler, a clinical psychologist who conducts marital therapy and research at the Veterans Administration (VA) Hospital and teaches at the University of California Medical School, both in San Diego, answers "yes" to both questions.

ANALYZING GOOD AND POOR MARRIAGES

To detect differences between happy and unhappy marriages, Birchler, Robert L. Weiss, of the University of Oregon, and John P. Vincent, of the University of Houston, studied 24 couples. These had been chosen from among those who answered newspaper advertisements asking for "couples currently experiencing marital distress" or "happily married couples." The 12 happily married and the 12 distressed couples were matched in such factors as age (averaging about 26 years), length of marriage (about 4 years), and educational level (16 years for the happy group and 15 for the unhappy). But the distressed group averaged 1.5 children per couple, a level almost three times as high as the happy group. The investigators did not determine whether or not this difference had any effect upon the state of the marriage. Socially, the couples ranged from middle class to lower middle class.

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*See note at end of chapter.

However, in a later study, two groups of distressed and nondistressed couples did not differ significantly in any of these measures, including number of children. In both studies significant differences were still found between the distressed and nondistressed couples on most of the tests measuring positive and negative marital behaviors.

Each couple in the Birchler-Weiss-Vincent project interacted in several laboratory situations. First, the couples were asked to talk for a few minutes about anything they pleased. Then came a 10-minute period of problemsolving when they were asked to resolve their differences of opinion concerning typical marital conflicts they had been given to read about. The husbands read descriptions in which a wife usually appeared responsible for the trouble; the wives had been given stories in which a husband usually seemed at fault.

For example, one story tells about a husband who is angry because his wife has just bought a pair of shoes, her fifteenth. They get into an argument about it, and the husband presents his view that fifteen pairs of shoes are unnecessary. This is the version that the husbands read. The wives get a little different version. It seems that the wife in the story does have quite a few shoes, but she had collected them over 20 years, and because she didn't have any to go with the particular dress she wanted to wear, she felt justified in buying another pair.

While reading, the husband and wife each filled out questionnaires concerned with their reactions to a series of such double-versions, each presenting some marital problem. The experimenter then chose five problems on which they had disagreed and asked the couple to come to some resolution of the conflict. While they tried to do so, they were video taped.

When husband and wife discuss one or more of their own real-life problems, Birchler is convinced that a more trustworthy appraisal of a couple's problemsolving skills can be made because the differences between the happily and unhappily married are even more striking. Therefore, in his later research he used, in addition to the sample problems, ones from the subjects' own lives. Unhappily married couples have considerably more difficulty with their real problems than with the concocted ones.

Next, each member of a couple interacted with a "stranger" of the opposite sex during a period of free conversation and a period of problemsolving.

The principal measure used in each study to determine the basic behaviors employed by each person was the Marital Interaction Coding System (MICS), developed recently by the Marital Studies Center of the University of Oregon. This technique enables observers to record specific behaviors occurring in a discussion between partners. The scoring system is based on just what the observer sees and hears as the discussion takes place; it does not make inferences, as some other tests do, about a person's intent or relative power in the marriage. For this reason, Birchler considers it a rather objective measure of how a couple is communicating. A study by other investigators using a similar instrument found that nonverbal behavior, such as smiles, nods, frowns, pats of approval, and eye-to-eye contact, appeared to discriminate between happy and unhappy couples even better than the words they used. The results of Birchler and his associates agree with these findings.

Some interesting outcomes occurred, most of which the investigators had expected—and most of which, for that matter, a man in the street might not have found very surprising.

In the first place, in the problemsolving situation (though not during the conversational period), the happily married couples showed a significantly larger number of *positive* behaviors—both verbal and nonverbal—than the unhappy couples. Such behavior included, for example, cooperation, compromise, appreciation and approval of the other's viewpoint, the utterance of "please" and "thank you," and gestures indicating positive emotions. Moreover, the distressed couples showed one and a half times as much "negative" behavior—principally in the form of interruptions, criticism, and disagreements with the spouse—as the happily married pairs.

In the second place, when a married person was paired with somebody else's spouse, that person got along much better than with his or her own mate.

"People in distressed relationships," as Birchler puts it, "acted distressed when talking with their spouse. But when they talked to somebody else's spouse, they shaped right up: They became better listeners, smiled more, interrupted less." Interacting with their own spouses, married persons, whether happy or unhappy, made significantly more negative responses and significantly fewer positive responses than when interacting with strangers.

This finding is contrary to the speculations of some earlier authorities who thought that the closer the relationship, the better a couple would cooperate in solving a problem. It is a common observation, though, that persons are often more polite to strangers than to mates. "Familiarity breeds contempt," said Mark Twain (adding "—and children").

"Of course," Birchler comments, "we all tend to be more polite with a stranger than with our spouse. People have to be aware of that tendency. They have to use the same kind of communication skills with their spouse that they would with a stranger. This means they have to listen better. They must not show the kind of behavior—in words or gestures—that turns off the partner and gets the two of them fighting. We found this to be particularly true of the distressed couples. But *all* the couples tended to display more nonfacilitative behaviors with their own partners. That seems to be a general tendency in marriage, and it has to be overcome. Marriage partners ought really to think about this—to make a conscious effort to facilitate conversation. After a while this awareness about good communication should become a habit; we don't have proof yet that it does, but it seems reasonable to suppose that it does."

Married couples were asked to record at home every instance of pleasing or displeasing conduct of their partners. Examples are "spouse criticized my appearance," and "spouse took out garbage." Each partner also kept a daily record of conflicts and arguments. On the average, and allowing for differences in the time spent together, the ratio of pleasing to displeasing behavior was almost seven times as high among the happily married pairs as among the distressed couples.

Further, the happily married couples, compared with the others, engaged in a significantly greater frequency of recreational activities with their spouses. Such activities included going to sports events, the movies, church affairs, visiting friends, or taking a walk. During 1 month, happy couples reported engaging in recreational activities together more than 500 times; unhappy couples, 200 fewer times. The distressed individuals were significantly more likely than others to engage in recreation alone or with people other than their spouses.

In short, when social behaviors were predominantly of the complaining, criticizing, interrupting, or ignoring types, couples engaged in fewer pleasurable activities together, including sex. Later research showed that happily married pairs engaged in sex twice as often as the others.

In the study reported thus far, one group of couples could be described simply as being happily married; the other, unhappily married. In a later study, however, Birchler and Linda Webb, a research associate, compared *very happy* couples with those who were *very unhappy*; a comparison which made the differences between the two groups stand out more clearly.

The very unhappily married couples this time were the first 50 who met certain criteria: They had applied or been referred for marital therapy to either the psychiatric outpatient department of the VA hospital or the nearby University of California, San Diego, Psychiatric Clinic; the couple and the therapist mutually decided that treatment for marital discord was appropriate; and the average couple's score on a certain marital adjustment scale (known as the Locke-Wallace) was less than 100, suggesting a significant degree of marital maladjustment.

The very happily married couples were 50 university employees who certified that neither partner had ever sought professional counseling for marital difficulties and that they were currently very happily married; moreover, their average score on the Locke-Wallace Marital Adjustment Scale was more than 100, suggesting no significant marital trouble.

The population was mainly middle class or lower middle class. A few lower-class couples were included, as were a few making $40,000 a year.

Each couple was administered a number of behaviorally oriented questionnaires. One indicated the degree of marital adjustment as compared to normal and to divorced couples. Another assessed how much change one spouse would like to see in both partners in matters such as finances, sex, arguments, child discipline, interesting talk, and 29 other marital problem areas. A third, as in the study reported earlier, assessed the kinds and frequencies of leisure activities engaged in with one's spouse, alone, or with other people. A fourth was concerned in part with sources of sexual training and with perceptions of the partner's bad habits, among them pouting, table manners, excessive cleanliness, and possibly excess drinking.

To determine if such factors as age (which varied from an average of 29 years for the happy couples to 38 years for the unhappy), length of marriage (which averaged 6 years for the happy group, almost 12 years for the unhappy), and length of schooling (which averaged almost 16 years in the happy group and a little more than 13 years in the other), made any difference, the investigators studied subgroups. These comprised about 20 happy and an equal number of unhappy couples who were closely matched on all such factors. With these carefully matched smaller groups, the results did not differ significantly from those obtained with the complete 50-50 sample.

Some of the major results are reported in the following sections.

AREAS OF CONFLICT

The very unhappily married couples in the Birchler-Webb research reported four times as many marital problem areas as the very happy couples (28 vs. 7), suggesting that the unhappy partners were less able than their happy counterparts to solve marital troubles effectively. The difficulty seemed to lie not so much in either of the partners but in the interaction. Together, they had an aversive problemsolving style.

> ***. . . among very happy couples, the problem area most frequently reported was sexual relations.***

Both groups expressed concern about shortcomings in such areas as showing appreciation of each other, initiating interesting conversations, and expressing emotions clearly.

Surprisingly, among very happy couples, the problem area most frequently reported was sexual relations. Birchler believes the explanation may be that such couples had relatively few problems and sexual interaction can stand improvement in most marriages. Among very unhappy couples, the problem reported most often was "expression of one's emotions clearly."

Additional groups of distressed couples are being assessed, but for this group of unhappy partners sex ranked only eighth or ninth as a problem. Birchler points out an interesting and important implication: In working with distressed couples, sex should be considered less critical at the start than it now generally is. If distressed couples consider a number of other problems more important, perhaps only when at least some of these other problems are successfully treated, and the partners are more confident of being able to get along together, can sexual adjustment begin to be of major concern.

Nevertheless, Birchler adds, even when it is ranked quite low, "sex is still usually a major problem, because they haven't had it much, or haven't had it for a long time, or the quality is poor. Occasionally it's their major complaint when they enter the Family Mental Health Program at the VA hospital, but usually the sexual problem cannot be resolved until a lot of the other problems are worked out."

The investigators did find that some couples got along well in most areas but that one partner had a sex problem. In unusual cases, Birchler says, "An inability to be close and get sexual needs met eventually gets so frustrating that partners begin to haggle and become irritable, and this situation may lead to other problems." But typically, a couple first has difficulty meeting other aspects of the relationship. Only then does sex wind up being a problem. "In a sense," as Birchler puts it, "it's difficult to have sex with somebody you don't like."

Comparing the groups of very happily and very unhappily married couples, Birchler doesn't know if the specific sexual difficulties are similar or different. "For example," he and Webb say, "it might be more likely in distressed marriages that dissatisfaction and lack of involvement in sexuality is secondary to negative feelings and marital conflict around other major relationship problems. In contrast, for happy couples who experience far fewer marital problems, those who do report dissatisfaction with their sexual relationship may be referring to more primary sexual difficulties relating to educational or skill deficits." The researchers add that in such cases "the simple provision of information or relatively short-term 'sex therapy' . . . is indicated and effective."

In this study it was not possible to determine which came first: the sexual problems or the other ones. However, it is

Birchler's "strong clinical impression," from having done both "marital" and "sex" therapy, "that most often dissatisfaction with the sexual aspects of marriage is secondary to other problems . . . . Partners' hostilities and resentments toward each other are often acted out or reflected in their sexual interaction. For example, the withholding of sex, usually by the female, has typically been a function of unhappiness with other aspects of the relationship. The characteristic husband and wife *quid pro quo* of something given in exchange for sex, whether consciously acknowledged by the couple or not, is apparent in many dysfunctional relationships."

Usually sexual problems "are inextricably bound together" with communication problems. Therefore, helping the partners to improve their communication skills and to apply them to specific and long-standing problems, such as finances and discipline, often results in a direct and lasting improvement in sexual relations.

"The first step," Birchler observes, "is to get people to communicate better. Sex is the subject that people have the most difficulty communicating about. No one teaches us how. Parents for sure don't do it. There is a big need, then, for better communications so that each partner knows what the other likes and doesn't like and is afraid of and hopeful about. And another big need is for skill."

BAD PERSONAL HABITS

Besides many more marital interaction problems, as compared with the very happy partners, the very unhappily married couples also reported that their spouses had three and a half times as many bad habits (selected from a checklist of 27 items). Those most frequently reported and the proportion of husbands or wives reporting them for each group are given below.

What do the findings of the Birchler-Webb research add up to? Birchler believes they clarify the goals for treatment or intervention. In regard to problemsolving, for instance, the goal should be to increase the number of positive utterances and gestures or other behaviors exchanged. Further, the research strengthens the view that marital distress does not result from the behavior of one mate but from the interaction of both mates.

Complaints of Unhappy Wives

Jealousy and bad temper (46%)
Omitting courtesies (38%)
Bad driving habits (38%)
Sulking (36%)

Complaints of Unhappy Husbands

Jealousy (38%)
Explosive outbursts (38%)
Nagging (38%)
Sulking (34%)
Bad temper (30%)

Complaints of Happy Wives

Underemphasis on neatness and punctuality (20%)
Unhelpful in house (12%)
Bad driving habits (12%)
Neglects yard (10%)

Complaints of Happy Husbands

Explosive outbursts, nagging (14%)
Overemphasis on cleanliness (14%)
Sulking (12%)
Bad driving habits (12%)

Why do some marriages have more problems than others? Birchler and Webb note several possible answers. A few marriages may simply start with more problems because the two persons are mismatched. Or some marriages may develop more problems owing to such external events as unavoidable difficulties with relatives or children, or mental or other forms of illness. For example, one authority says that couples who decide to keep an autistic child at home rather than in an institution almost invariably end up in divorce court. For the majority of unhappy marriages, though, Birchler and Webb prefer a third explanation. These couples, the investigators hold, make original problems worse or accumulate new ones because their styles of interaction and problemsolving are ineffective, if not destructive.

WRONG WAYS OF WORKING FOR A CHANGE

Since people have different needs, Birchler points out, people inevitably want to change one another. "The problem is that we've usually been taught to try to change people by negative kinds of procedures."

As a typical example, the investigator tells about a child, shopping with her mother in a supermarket, who insists on having a candy bar. The mother keeps saying "no." At first the child only sulks, but with continued denials the child learns to cry, to threaten a tantrum, and eventually, perhaps, actually to throw a tantrum. In order to avert or stop the tantrum, the mother buys the candy. The child learns that the way to change her mother is to escalate her own negative behavior, and the mother learns that the way to shut it off is to give in: a vicious circle and one that is repeated in other situations.

Birchler believes that such an interaction does not pull mother and child closer together and that, if the negative strategy on the part of the child continues, she and the mother eventually grow farther and farther apart.

Such an interaction often happens in marriage. The attempt to change a spouse's behavior through sulking, nagging, complaining, and denying requests—whether for a meal on time, prompt arrival home from the job, cleanliness, or sex—tends simply to make the problem worse. We do learn to get people to change their behavior through nagging, complaining, griping, and other negative methods, but we don't feel very good, and the relationship ultimately suffers.

Birchler and Webb offer the case of the wife who nags her husband to take out the garbage or to pick up his clothes. He may obey her just to stop the nagging. "Consequently, the wife's nagging has been reinforced (or rewarded) and will probably occur again whenever clothes are not picked up or the garbage not taken out." Such chores are likely to be neglected again and again because the husband, though he hates the nagging, perversely seeks to punish the wife through behavior that irritates her and goads her into a renewal of her complaints. "In couples who adopt aversive, coercive methods of behavior change," these investigators state, "each succeeding interaction may well result in a similar or more emotionally laden negative interchange." Far better if the wife, when the husband spontaneously or upon suggestion does something that she wants, rewards him.

From observation and testing, this research team knows that typically the behavior a partner wants to change is seemingly trivial, such as "husband picking up after himself" or "wife having husband's shirts ironed." But, as day-to-day annoyances accumulate, they "may become the basis for continual marital conflict." Elements of conflict and accord exist in all marriages; but when a behavior-change strategy is predominantly positive, the marriage partners can almost invariably be described as in accord, or happy. When the strategy is predominantly negative, however, the partners can be considered in conflict, or unhappy . . . .

"It has been a common experience . . . to find that couples seeking marital therapy are engaged in virtually no rewarding activities together. . . . In many cases the introduction or reintroduction of rewarding couple activities, ranging from the assignment of short walks to weekends away, has been helpful if not critical in helping couples revitalize and improve their relationships."

TURNING UNHAPPY MARRIAGES AROUND

On the basis of his own and associates' research and observations, Birchler estimates that about two-thirds of unhappy marriages can be turned into happy ones through therapy, which may last anywhere from 3 months to 1 year.

Birchler's research-supported position is simply this: Just as it takes two people to make a marriage, so it takes two people to make a marriage either better or worse. Only in fairly rare instances, such as when, unknown to the partner at the time of the marriage, one person is alcoholic or mentally ill, can most of the blame for a distressed marriage be ascribed to one of the partners instead of to both. Most of the time, Birchler reports, it is a 50-50 proposition—or at least a 60-40 proposition. In a distressed marriage, his work indicates, the problems spring from the behavior of both partners, not just one. There is a breakdown in communication, in interaction. The behavior of each partner exacerbates or at least serves to maintain that of the other.

As one example of therapy intended to change behavior, Vincent, Weiss, and Birchler explain that "if a husband's nagging complaints are followed by increased attention from his wife, a suitable training program may be instituted in which the wife is systematically taught to ignore complaints and simultaneously taught to reinforce (or reward) reasonable requests." These investigators add: "If the interpersonal determinants of behavior can be identified and measured, so then can they be changed. However, if problemsolving behavior is viewed (simply) as an individual trait, then the potential for change is remote. To return to our example, if complaining is the enduring trait of someone's husband, his downtrodden wife must either learn to live with it or find another man."

There are other theoretical approaches to marital therapy, among them: communications theory, based on observations that a family with a schizophrenic offspring frequently communicates in peculiar ways, though whether these odd communication patterns are the cause or the result of the sickness has not been determined; client-centered or nondirective approaches, based primarily on the work of well-known psychologist Carl Rogers, in which the troubled person is encouraged to talk about his problems and, as he does so, begins to see what he can do about them; and psychoanalytically oriented approaches. Often, in practice, certain aspects of these approaches are offered in combination.

The various types of marital therapy have not yet been compared from the standpoint of long-term effectiveness, but behavioral marital therapy is becoming increasingly widely used.

Behavioral marital therapy uses the techniques of behavior modification. It is Birchler's experience that behavior modification, which some authorities prefer to call "social learning," can turn an unsatisfactory marital situation around in the majority of cases—if the couples really want to change. Both partners must be observed and treated together.

The theory behind behavior modification holds, in essence, that when any type of desirable behavior is rewarded—by approval, affection, congratulations, a piece of candy, a smile, *anything*—it is strengthened or reinforced and is more likely to occur again. When an unwanted behavior is responded to by some kind of punishment, it may cease for the time being and may recur less frequently for a while. But negative procedures tend to hurt the relationship between the two persons involved and are generally less effective than their positive counterparts.

Several investigators have presented evidence that at the least behavioral marital therapy is certainly more effective than not doing anything. In one study, for instance, 10 unhappily married couples were treated, and in most cases their marriages improved. Another group of 10 couples answered the same questionnaires as the first group and went through the other assessment procedures but did not receive therapy. At the end of the treatment period for the first group, the second 10 couples were assessed again—and showed no change.

Not all marriages are worth saving. By the time couples come in for treatment, Birchler has found, many have experienced years of damaging interaction. "They're really kind of burned out," he says, "and the primary reasons they are still together are the problems involved in separation. The divorce process, dividing up the money, what to do with the kids, a new life, the fears of being alone—such considerations often keep people together, for the wrong reasons, of course."

Birchler gives a couple the opportunity to see for themselves whether or not they really want and are able to make the changes necessary for an improved relationship. With behavior therapy, or the social learning approach, the answer becomes apparent fairly soon—often within the first month. If it is negative, the therapist may find it appropriate to suggest that the chances of substantially improving the marriage are poor and perhaps they should consider ending it. "By that time," Birchler has found, "either one or both of them have been wanting to have that happen, which is why they did not change."

Although there are several methods of improving distressed marriage through behavior modification and negotiated contracts between husband and wife concerning their behavior, Birchler and his associates prefer so-called "good-faith models" for most cases, because these have built-in rewards or gratifications. For example, the husband agrees to wash the dishes in the evening (a problem area), and the wife agrees to rub his back (a reward). If he fails to wash the dishes, he gets no backrub (*or* he must pick up clothes—a punishment). The wife agrees to cook gourmet meals (a problem area). If she does so, the husband agrees to talk with her for at least 20 minutes (a reward). No gourmet meal, no 20-minute conversation (*or* the wife must wash the car—a punishment).

Is alcoholism a common marital problem and if so can something be done about it?

"Yes" to both questions, says Birchler, provided the problem drinking is in the initial stages or the couple has some positive regard and communication skills. If so, Birchler or another therapist analyzes the couple's interaction "to see whether the wife is doing things which tend to provoke and/or maintain the drinking behavior." (In Birchler's experience, the problem drinker usually has been the man.) According to this investigator, the wife's nagging, complaining, and other ways of reacting to the drinking may simply make the husband drink more. By changing her behavior—by dropping her critical attitude and using her intelligence to make him happier and more at peace with himself—she might well reduce or eliminate his dependence on the bottle. Of course, he may have been alcoholic when they got married. But it is Birchler's clinical impression that what's going on in the marital relationship often helps to maintain the drinking or make it worse.

COMMUNICATING BY WORD AND BY ACTIONS

This investigator and his associates find that people are much more aware of their verbal communications than their nonverbal expressions. A husband, for instance, who looks at the floor most of the time he and his wife are talking, is signaling worry, disinterest, or some other attitude that does not improve communications. But he is not likely to realize the message he is sending.

When the researchers ask a distressed couple to talk for 5 minutes as if they were the happiest couple in the world, their verbal communication improves. They are less likely to interrupt, disagree, complain, make an excuse, or blame the other partner. But there is not much improvement in their nonverbal communication: They still tend to ignore the partner, fail to look into each other's eyes, appear depressed, or in other nonverbal ways signal disinterest, distrust, or antagonism.

"So," Birchler says, "we try to help people become aware of these nonverbal communications and to change not only how they talk to each other but also how they communicate by their other behavior."

The therapists also supply feedback. They tell the marriage partners whether, for example, they scored in the "usually satisfied" range or in the "very dissatisfied" range. They show the couple problems each member checked off as the most troubling. They also point out those activities that one partner wants the other to increase or to decrease.

Then, to get the husband and wife thinking about how, even unaided, they could better their lives, the therapist asks, "Even if you weren't in treatment, what are some of the things you might do to improve your relations?"

One commonsense answer, now supported by research, is for each mate to let the other know more clearly his or her views on their life together. In other words, the prime need in many troubled marriages is for better ways of *communicating* between the partners. This is so whether the couple *thinks* their problem is meeting the mortgage payments, disciplining the children, or improving their sexual relations. A good marital therapist can in most cases help the man and the woman at least to ease considerably this basic problem of communication.

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MARRIAGES THAT ENDURE

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> *Since, in our culture, men and women are generally assumed to marry for "love," which is considered the basis for marriage, it is surprising that the quality of the marital love relationship has received relatively little empirical attention.*
>
> **—Anthony Fiore and Clifford Swensen**

People young and old are paying more attention to that fact of life known as "aging." They are paying more attention, too, to marriage—to marital relations, marital dysfunction, marital counseling. There are counseling sessions for couples who are contemplating marriage and clinics to save the family once it is formed. Oddly, aging married couples have been little noticed, either as a collective statistic or as individual joy or anguish.

Clifford H. Swensen, Jr., Ph.D., Professor and Director of Clinical Training in the Department of Psychological Sciences at Purdue University, has been studying the dynamics of marriage for some time. Since 1974, his particular focus has been on the pleasures and problems of the elderly married. He is learning why, for some, "'til death do us part" means no more than grimly hanging on while, for others, it is the best time, "the last of life for which the first was made," as Browning wrote.

Swensen points out that, historically, marriage is not as stable an institution as people assume and that the conception of marriage has changed even in the last 20 or 30 years. More surprising, "statistics for marriage breakup in this country, which I think go back to 1850, show that the rate in the United States has not changed. There have been little up-jogs and down-jogs, but essentially it's a straight line. This is because the breakup of marriage by death has gone way down, and the breakup of marriage by divorce has gone way up, which suggests the possibility that the only way you used to be able to get out of it was to die and that now people are getting divorced instead." He believes that the divorce rate is leveling off, and will probably decline. He thinks also that views about what marriage is and how it is arranged will continue to change.

The statistics suggest another dimension. Many researchers whose work Clifford Swensen has studied have made the point that, until the last 50 years or so, one partner in the typical marriage died about the time the last child left home so that few marriages survived beyond all the children's departure. A few inferences can be drawn: The average couple marrying today and living out their expected span of years, well into their seventies, can expect a marriage lasting about 48 years; the typical couple will experience the "empty nest" in their late forties or early fifties, leaving them around 25 years in the post-childrearing stage of marriage. In other words, the last 50 years have witnessed the development of a whole new stage of marriage that had existed before in relatively few cases.

In the next few decades, Swensen and his colleagues Ron W. Eskew and Karen A. Kohlhepp, as well as other researchers, will be discovering what older married couples are doing with this stage of their lives. Is the quality commensurate with the quantity?

> *Seldom, or perhaps never, does a marriage develop into an individual relationship smoothly and without crises. There is no birth of consciousness without pain.*
>
> —C.G. Jung

FOR BETTER, FOR WORSE

In the late 1950s, Swensen was developing a scale to measure Love Expression and looking for a way to compare all kinds of relationships at all ages. His sample ranged from age 17 to about 83 and included a few older married couples. These were only a part of the original study but the beginning of his current interest when he found relatively little research on the over-65 age group and even less on those aged 50 to 65. His reading did indicate, though, a wide divergence of opinion as to the quality of marriage in the life span. As he observed (1978a), "One camp holds that marriage satisfaction is a straight line headed downward from the time of the wedding until death, while the other camp holds that marriage satisfaction is curvilinear, heading downward until the children have left home, then reversing direction." Swensen's conclusion, based on the literature and on his own research, is that marriage may become either better or worse, depending upon the people involved and the situation in which they live.

Swensen has pointed out that the duration of marriage, the mere passage of time, is not in itself a significant variable. Significant variables are the changes which take place within that passage of time (1978a). These variables are ever-changing; they are related to the two people in the relationship and are peculiar to the situation. This researcher agrees with many who postulate that there are stages of development for adults just as there are for children and that those stages develop from the interaction of psychological, sociocultural, and biological factors, each factor normally readjusting as changes occur in another factor.

The stages of development emerging from this readjustment have been divided by family life consultant and writer, Dr. Evelyn Duvall, into eight categories. The people of the Swensen study would fall into her last three categories. The sixth, or "launching stage," is the time when the children start to leave home; the family is growing smaller and the parents' involvement with their children less. Duvall's term for the seventh stage covers the period between the time the last child has left home and the husband retires. This is the "empty nest." (With the word "syndrome" added, it is often applied to women who presumably have no life other than that of their children and husbands.) The final stage, "the aging family," begins with retirement and ends with the death of one of the spouses. It is of this period that Duvall wrote (1971, p. 435), "The challenge of senescence is ego integrity without which despair may mark the final years. The goal of this period is successful aging through continued activity and comfortable disengagement."

The Couples in the Survey

To find couples who would be interested in taking part in their study, the Swensen team contacted churches, centers for senior citizens, and retirement groups. A few couples referred them to friends. Each prospective participating couple received a letter explaining the project and, later, a telephone call so that they could ask questions about their involvement and the purposes of the research. Of the interested couples who were visited by a team member, very few refused to take part. About 40 percent, a total of 224 couples, provided material complete enough to be used in the study and met the only criteria, that they be over 50 years of age and married for 20 years or more.

Of these 224 couples, 141 came from Tippecanoe County and 10 from Marion County, Ind.; sixty-one lived in Palm Beach County, Fla.; the rest lived in Indiana County, Pa. and Oklahoma County, Okla. with 4 from various other locations.

There was an almost normal distribution over the educational range; high school education was the mode for the group, with 4.2 percent having a grade school education and 2.7 percent a professional or graduate degree. Two-thirds had less than a college education and one-third had completed college or some graduate work. Thus, the 448 people in this study had more education than this age group as a whole in the general population.

The study group was composed of two cohorts, pre- and post-retired, retired defined as working less than full time. The younger group had a mean age of 54.94 years, an average length of marriage of 31.54 years, and an average of 2.78 children; they were a little over 23 years old when they married. The postretirees averaged 67.5 years of age, had been married an average of 40.13 years, and had 2.33 children; their average age at the time of marriage was 27.49.

Many of the postretired group had moved after retirement, and the two cohorts differed significantly in the average length of time the members of each had lived in their present community, the still-employeds averaging 22.46 years and the postretirees 18.77. This difference, however, is relatively less important than are the sociohistorical backgrounds of the two groups. The older group had married about 40 years ago, the marriages for many delayed and the number of children reduced because of the Depression. The preretirees had married younger and had more children. Most of these marriages had occurred during World War II, which altered the course of the early married years. The demographic differences of the two cohorts can be counted numerically and averaged statistically. In the course of the research, however, Clifford Swensen was to discover more subtle, but real, cohort differences which he attributed to each cohort's time in history.

The Variables in the Study

The 224 couples Swensen and his colleagues studied between 1970 and 1977 were in the midst of adapting to the changes wrought by retirement, usually of the husband, and by the departure of the children. In the beginning, these two factors, retirement and relationship with children, were the important variables for the study. Much of the research Swensen cites about the latter factor suggests that those having more extensive interaction with their children seem more satisfied in life than do those having little contact; however, the parents are more satisfied after their children leave home. Ideally, then, contact between parents and children should be frequent but not on a constant, living-under-one-roof basis.

Little research has been focused on the relationship between the preretirement older person and his children or, more importantly, on how the extent of interaction between parents and children affects the marriage. Swensen writes that Maas and Kuyper, in *From Thirty to Seventy* (1974), "hint at a possibility." In their study of older married couples they noted that there seemed to be no mutuality between the older husbands and wives in life styles or personality. Their observation of living habits, especially, showed little overlap in the contexts between mothers and fathers, except for interaction with their children. That is, as a couple ages, each one becomes more individualistic and independent, with the one common area of interaction maintained being that with their children. This suggests that couples who have more interaction with their children will have more with each other and, thus, a more mutually satisfying relationship (Swensen, et al. 1977).

The other variable, crisis of retirement, changes not only the accustomed pattern of life but the role and identity of each of the principals and their relationship. Some of Swensen's reading suggested that the decline in satisfaction in couples who have been married for some time is due to increased role strain (1978a). "Role strain would . . . seem to be an inevitability, since, as the family changes, the function of husband and wife within the family changes, and as the husband and wife change as people, their manner of playing their roles within the family also changes, thus producing strain." One may wonder whether strain may not occur, also, if either or both of the parties tried to play a role in the same old way, attempting to ignore changes in personality and circumstance.

More crucial in the impact of retirement than identity or role problems is the nature of the marriage relationship itself. Swensen's own research has only strengthened his agreement with the conclusion that men who are strongly committed to their marital interactions adjust more successfully to retirement. He believes that the factor of commitment should be significantly related to the marriage relationship and should interact with any life stress—retirement, childbirth, job changes, moving. So commitment, defined by Swensen as an attitude that is confirmed by overt behavior, was added as the third variable.

The fourth variable, sex, was added because Swensen's reading and prior research had suggested that marriage is not the same for husband and wife and that the experience of marriage may be different for older as well as for younger couples.

How Can Marriage Be Measured?

Swensen's series of studies of interpersonal relations, particularly that of marriage, is based on the formula, $B=f(P,E)$, proposed by Lewin in *Field Theory in Social Science* (1951), which states that behavior is a function of the person and the environment. Swensen applied the formula to analysis of clinical cases, later expanding it as a model for studying *inter*personal relationship. In his formula, Relationship=f(Person 1, Person 2)Environment, relationship is a function of the two people within it and the situation within which it occurs. He sees his formula as useful in studying interrelationships of a wide variety of personality and situational variables as they affect the marriage. By employing the same dependent variables or outcome measures in the formula, the various studies can be related to each other.

In this context, then, *commitment* and *sex* are variables within the person, or *person* variables. *Relationship with children* and *retirement*, since they are external to the people involved in the marriage, are viewed as situational or *environmental* variables. The *dependent variable* is the *marriage relationship*, measured in this series by two scales that are independent of each other. These instruments were used to measure specifically how the relationship is expressed and what kinds of problems arise in it, an approach different from earlier studies of other investigators which measured marriage satisfaction by a variety of scales.

The Love Scale

Known more formally as the "Scale of Feelings and Behavior of Love," the Love Scale was developed originally from interviews with approximately 200 people who were asked to describe their love relationships. A total of 388 items derived from these interviews were administered to 1200 people of varying ages who completed the scale for their relationships with parents, spouses, siblings, offspring, or friends. Their responses were factor-analyzed 42 times by relationship and age group; the resulting 120 items describing various aspects of the love relationship were copyrighted in final form by Swensen and Frank Gilner in 1968.

Swensen and others who have used this scale in various settings are confident of its validity as a measure of the gamut of love interaction or of various aspects of that interaction, as calculated by the six subscales. These are: I. Verbal expression of affection; II. Self-disclosure of personal facts about oneself; III. Tolerance for the eccentricities and faults of others; IV. Moral support, interest, encouragement, and concern *shown* for the other; V. Feelings for the other that are *not* verbally expressed; and VI. Material support, doing chores, and giving gifts. The overall score, called the "Love Scale Index," is obtained by combining the six subscale scores: I+II+III+ IV-V+VI. Subscale V is *subtracted* because Swensen and others have found that *unexpressed feelings tend to be higher in the troubled marriage relations and lower in the apparently untroubled* (Fiore and Swensen 1977).

Samples of the 120 questions indicate the depth and relevance of the scale, for instance: "The loved one tells you that he(she) feels that you get along well together," "You tell the loved one that you feel that your relationship has improved with time," "The loved one is even-tempered and kind in his(her) dealings with you," or "You feel free to talk about anything with the loved one, but you have never actually told him(her) this."

Since none of the questions would apply to every relationship, the instructions state that the answer sheet must indicate whether the answers are made about husband, mother, sister, etc. Respondents are told to "answer as quickly as possible, with no omissions" and to "mark the choice that comes closest to describing the way you behave, talk, or feel toward the person you love, *as the relationship exists at the present time.*" The choices for each answer are *never, occasionally,* or *frequently.*

The Marriage Problems Scale

The Scale of Marriage Problems, prepared by Clifford Swensen and Anthony Fiore in 1974, was obtained from people with normal marriages and from those seeking counseling for marriage problems. Not all of the problems are appropriate for every marriage, but, as the instruction sheet states, "Every married person will report some of these as a problem . . . . For example, if you have no children, then the problems that have to do with raising children will not be appropriate for you. Answer all items. If they are not appropriate for your marriage, mark your answer 'a. This is never a problem.'"

The 43 questions on the scale range from "One partner feels that he or she always has to 'give in' to spouse" to "Wife feels husband doesn't share his day with her." In between are such statements as "Partner objects to some of the same-sex friends spouse 'runs around' with," "Disagreement on what the children should be allowed to do and what they should not be allowed to do," "Partner objects to spouse's way of dress such as male's pants too baggy or female's skirt too short, etc.," and "Dissatisfaction with type of affection shown in public." A number of items are concerned with money—"too much money on some things and not enough on others," the family budget, or living beyond the family's means.

These questions were taken from an original, real-life list of 100 problems, and it could be said that "there's something here for everybody." The questions and possible replies (a. this is never a problem; b. this is some problem or a serious problem; and c. this is a serious problem or a constant problem) have been factor analyzed on the basis of six subscales. These are: I. Problemsolving and decisionmaking; II. Childrearing and home labor; III. Relatives and in-laws; IV. Personal care and appearance; V. Money management; and VI. Friendships and expression of affection. Added together, these provide the Marriage Problems Total Score. Subtraction of a subscale from the total score shows the impact of that element on the whole.

The Interviews

The structured interview began with the usual demographic questions—age, sex, education, and current employment/retirement. Next came questions about the couple's children: their ages; where they lived and, if away from home, distance and frequency of contact by telephone, mail, or visits; need of help in sickness or financial stress, on either side, and whether the need was met; and last, the parents' view of the children's willingness to make sacrifices for their parents. Childless couples answered a question or two about any continuing contact with a young person from childhood and the frequency of contact now that the person is an adult.

The interviewers found that the largest proportion of couples in their sample would be classified as modified extended families. For this reason, differentiation in the analysis of findings from this portion of the study was based on 1) frequency of interaction with children by visit, telephone, or letter, and 2) propinquity to the child whose residence was closest to the parents'. "High contact," was defined as interaction with at least one child once a week or more, and "low contact," was parent-child interaction less than once a week. A "high" propinquity couple had a child living within 10 miles. "Low" propinquity defined couples whose closest child lived more than 10 miles away. Couples with no children were ranked "Low" in both contact and propinquity.

The Swensen group assumed from reviewing previous research that attitudes between husband and wife in long-lasting marriages would be toward commitment to each other and that confirmation of these attitudes would appear in the way the couple solved problems. They found, though, that many couples could say little about this process besides, "Well, we talked it over and decided to . . . ." Such a reply "seemed to make commitment a little too dependent upon memory and verbosity, rather than on a deep-felt awareness, concern, and care for the welfare of the other . . ." so they determined to investigate further (Swensen 1977).

To Clifford Swensen, high commitment means that the relationship was formed and has been maintained because of the qualities of the spouse as a person. Low commitment means that the reasons for making and maintaining that special connection were largely non-personal factors—children, religion, habit, or pattern of living. Responses to two questions usually asked during the interviews seemed to differentiate clearly among the couples as to their extent of commitment: A. What were the reasons for your decision to marry him/her rather than to remain single or marry someone else? and B. Why do you think your marriage has lasted as long as it has? The researchers devised a scale for the answers to each question and summed the scores for an index of commitment. Each statement made in reply to Question A was rated on a 5-point scale with regard to *emphasis on the other person as a person*, using the following criteria:

1. Reasons for marrying appear totally unrelated to any qualities or attributes of the other person, with the decision apparently motivated by external circumstances such as: just wanted to get married or it was the natural thing to do; thought he could provide well or she could have my children, keep my house, and look after me in my old age; tired of current living arrangements; needed security of

marriage; others wanted it; everybody else was doing it; sexual gratification; or other reasons for which any available and appropriate member of the opposite sex would have been suitable as a marriage partner.

2. Indication of characteristics desired in a spouse are very general and nonspecific to the partner; i.e., common interests, similar backgrounds, but no mention of anything which differentiates spouse from others.
3. References to spouse are somewhat more specific than in 1. or 2., mentioning such things as personality, physical attraction, intelligence, congeniality, "falling in love," but decision still appears to have been motivated, at least in part, by other criteria. In this category, it appears that the spouse seemed to fit best what the individual was looking for at the time or that the actual decision, regardless of the person's desirability, was prompted or aided by other factors—a desire to change life style; search for a particular type of spouse; pregnancy; wish to share interests; readiness to settle down; desire for a family.
4. Externally motivating factors or circumstances in the decision to marry are not mentioned. Characteristics of the spouse are cited, are more specific than those mentioned in 2., and may be mentioned in relation to those of the respondent, such as same likes and dislikes, common backgrounds, attitudes, consideration, mannerisms, or attributes as compared to others.
5. Reasons for marrying are in terms of attributes of the other *as a person*. These attributes distinguish the other from anyone else and are in terms of the other only. The statement may include common interests, backgrounds, values, etc., but should indicate that more unique, individual qualities were recognized and considered by the respondent.

Question B, "Why do you think your marriage has lasted as long as it has?," was rated on a 5-point scale with regard to emphasis on *the other person in an interpersonal relationship*. Rating for each statement was based on these criteria:

1. Emphasis is on factors *not* directly related to the interpersonal relation between partners. The entire statement should be in such terms as finances, the children's welfare, outside influences, "no choice," avoidance of problems which might have terminated the marriage, performance of prescribed roles, or solely own actions or those of spouse only. *Example*: "He thinks that each spouse fulfilling prescribed duties is an integral part of a successful marriage. For a husband, this means being a good provider and a good influence on the children, and spending time with the wife and children. For the wife, this means keeping an adequate home and 'waiting on the husband with a smile.' He feels, also, that it is important to keep the honeymoon atmosphere alive and not get stagnant, and that one way to do this is to keep active socially."
2. One third or less of the total statement contains some mention of interpersonal factors or they have minor importance so that most of the reason still concerns only noninterpersonal factors. *Example*: "She thinks their marriage has lasted mainly because they both want the same things—a nice home, children, and they both have seen their own homes break up and they want to avoid that. 'Plus, we thought a lot of each other even if it wasn't a big romance.' She also feels religion has been influential. 'I'm not against divorce, but I'm for marriage.'"
3. About 1/2 of the statement concerns the interpersonal relation as in point 5 (below), and about 1/2 emphasizes external factors as in point 1. *Example*: "The main thing is that he doesn't believe in divorce. Loving, getting along with each other, and being honest are important, too. He thinks it's good they had the same interests and likes and adds that being raised during the Depression helped because it taught him to do without."
4. The noninterpersonal factors make up 1/3 or less of the statement and are of relatively minor importance; however, emphasis on the other member *as a person* may not be as apparent as in 5 (below). *Example*: "She feels their marriage

has lasted because they have respect for each other. Each wants to do whatever would be helpful and good for the other. She thinks religion has been helpful, but that it certainly is not the whole thing." And, "She feels their marriage lasted basically because of mutual interests, likes, and aims."

5. The entire statement emphasizes the interpersonal ties between them, especially the other as a person in the relationship, and may be stated in terms of personal behavior, characteristics, needs, wants, and feelings. *Example*: "She feels her marriage has lasted because of a basic love and respect for each other, a love that has grown over the years, a sharing and growing together. She believes that love changes as two people become more comfortable with each other. 'In the beginning, sex is primary, but later it becomes, not less important, but feelings deepen. People learn to become friends as well as lovers.'"

RESULTS OF THE STUDY

> *Preferred classified ad of the week turned up in the personals: "Darling Sally: We had some happy days in our 31 years of marriage. I remember one in 1964 and another in 1972. Love, your husband, B.K."*
>
> —Lou Boyd

Using analysis of variance (ANOVA), the team found the means of the subjects on the total Love Scale and on each subscale for retirement status, frequency of contact with children, and commitment. They computed also the main effects and interaction effects of the variables of retirement, frequency of contact with children, and commitment on each subscale. The same analyses were done for each Love Scale subscale, with the measure of parent/child interaction to "contact" and "propinquity"; these two variables correlated with each other at .69. This suggests that the frequency of interaction with children is a function of how close the children live to their parents. Each measure produced approximately the same results, not surprising in view of their correlation.

The same ANOVA was worked out for each environment and person variable in relation to each subscale of the Marriage Problems Scale and in relation to the total scale. In general, retired couples were found to be lower on overall love expression than were preretired couples. More specifically, they measured lower on the subscales of self-disclosure, tolerance, unexpressed feelings, and material evidence. Table 1 shows the means on the whole Love Scale Index and Marriage Problems Totals, using the variables of retirement status, frequency of contact with children, and spouses' commitment level.

Table 1—Means of the Subjects for Retirement Status, Frequency of Contact with Children, and Commitment Level of Spouses

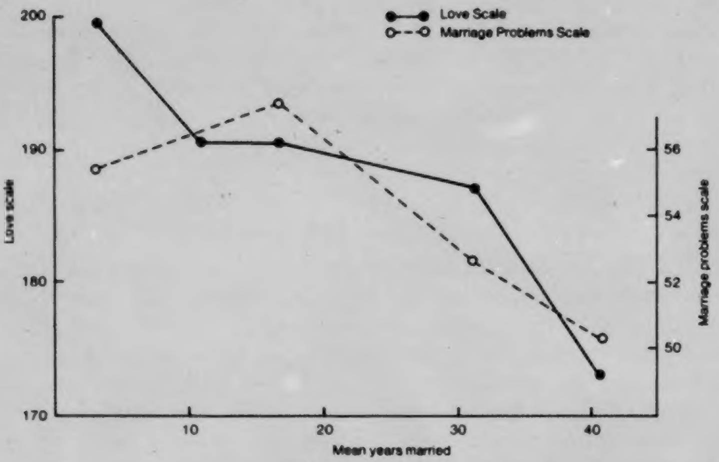
	Number per Cell for ANOVA		*Means on Love Scale Index*		*Means on Marriage Problems totals*	
	Husbands	Wives	Husbands	Wives	Husbands	Wives
High commitment	26	42	180.92	188.76	48.04	51.36
High contact						
Low commitment	65	61	183.48	180.15	52.85	53.31
Preretirement						
High commitment	11	5	184.82	195.80	52.64	50.00
Low contact						
Low commitment	10	8	193.50	190.63	49.20	53.75
High commitment	17	30	169.65	161.57	51.41	49.23
High contact						
Low commitment	39	37	167.00	171.84	48.82	52.19
Postretirement						
High commitment	13	18	176.08	170.67	47.85	42.94
Low contact						
Low commitment	26	17	169.65	163.47	50.38	51.29

None of the original hypotheses was supported completely. The first, that "both husbands and wives in the committed marriages will cite greater love expression and fewer problems in the marriage than those in the less committed group," was supported only in that spouses in the more committed marriages report fewer problems. As judged by the subscales, couples low on commitment had more total marriage problems and more problems particularly in "problemsolving and decision-making," "relatives and in-laws," "personal care and appearance," and "expression of affection and outside relationships." In other words, commitment seems to be the variable mainly affecting marriage problems. Marriages with high commitment, a high awareness of each spouse's unique qualities, are those in which each can usually agree with the other on what their problems are and solve them together when they arise.

The results gave no support to the second hypothesis, that husbands and wives having extensive interaction with their children will have greater love expression toward each other and fewer problems in marriage than those who have less interaction or who have no children. In other words, despite the assumptions drawn from prior reading and investigation, Swensen found the amount of interaction with children to be related in the negative direction to unexpressed feelings and to material evidence of love: the more interaction with children, the less love expression between husband and wife and the more problems in childrearing and home labor.

The third hypothesis was half right. Instead of: "Both husbands and wives in the postretirement group will have greater love expression and fewer problems in marriage than the husbands and wives in the preretirement group," it should read: "Both husbands and wives in the postretirement group have lower love expression but fewer marriage problems than those in the preretirement group." The latter were high on total number of problems on the "propinquity" analysis, and very high on both "contact" and "propinquity" analysis for the marriage problems subscales pertaining to relatives and in-laws and to money management. Love expression and marriage problems as a function of years married are compared in figure 1.

Figure 1. Expression of Love and Marriage Problems as a Function of Years Married.



There was slight support for part of hypothesis 4. This had predicted interaction effects, with the highest amount of love expression and the least number of marriage problems found in couples in the postretirement, higher interaction with children, high commitment group, and the least amount of love expression and the greatest number of problems in couples in the preretirement, low interaction with children, low commitment group. In short, interaction does not affect the expression of love; however, there is an interaction effect on the measurement of husband-wife differences on marriage problems. There is a high level of disagreement on problems in the preretirement group having low commitment and low interaction with children. High commitment and low interaction with children among postretirees showed low disagreement on problems.

The fifth hypothesis had predicted that the significant difference between husbands and wives would show wives lower on the Love Scale in verbal expression of affection and self-disclosure and husbands, especially postretired, higher on problems in the instrumental areas of the Marriage Problems Scale, that is, in childrearing and home labor and in money management. This hypothesis was not supported. Instead, there was no consistent difference between husbands and wives, and any difference between pre- and postretirement groups seemed to be in the inclination of postretirees to wind down both love and problems.

In short, the data indicated to Swensen that postretirement couples have less love expression and fewer marriage problems than the preretirement couples; committed couples have fewer problems and higher agreement on what their problems are than the uncommitted couples; interaction with children seems to have little effect on the marriages of older couples but, to the extent that there is an effect, it is slightly toward the creation of more problems.

UNTIL DEATH DO US PART

> *"Any marriage," W.H. Auden once wrote, "is infinitely more interesting and significant than any romance, however passionate." Well, I was never sure of that. But I have always thought that any family—with its history and its soap-opera intensity—was more interesting than any other collection of people.*
>
> —Ellen Goodman

Rejection of large portions of the hypotheses and a summing up based on analyses of variance computed for the variables of retirement, parent-child interaction, or commitment tell little, really, about older husbands and wives in today's world. Nor does this study represent all possible problems. It is not about older people, cold and hungry, waiting in their age-ghetto for the Social Security check but afraid to venture out to the mailbox. Few of the Swensen couples could be considered to be living such economically marginal lives. All subjects were white; occupations ranged from unskilled laborer to professional, the mode being a subprofessional white collar worker. Essentially, then, this is a study of middle-class couples. The results, however, represent a commonality in relationship problems and solutions, expression of love, disappointments, and satisfaction among older marrieds. "This study began by raising the question of whether marriage was better or worse in the later years. The answer seems to depend upon what is meant by better or worse, and for which people." He also wrote: "Perhaps the most important conclusion . . . is that the effect of aging and retirement is not a unitary phenomenon." Realization that the effect depends essentially on which people are being considered led Swensen to further observation of *commitment*, since that seemed related to the other factors, sex and interaction with children, but appeared to have no interplay with retirement (Swensen, et al. 1977).

Commitment and Ego Development

The researchers were impressed by the finding that those whose relation to their spouses is central to their lives had markedly fewer marriage problems and were more likely to agree on what problems they did have. They concluded that a couple's effective communication of personal thoughts and feelings and perception of each other as unique are qualities that prevent confusion and conflict with other relationships that are only tangential to the marital relationship.

As Swensen observed, to amplify his theories on personal dynamics within relationships: "Specific pieces of behavior or specific verbal statements can be combined to form a personality characteristic. I've done a lot of research looking at relationships as a function of personality characteristics of the people in the relationships, but I never got any consistent results until I ran across Jane Loevinger's idea of ego development. I felt that this would probably be a useful personality characteristic in some of my own research, in learning how people relate to each other."

Ego development is the progress of the ego, the organizing aspect of the personality, from the simple, undifferentiated state of the infant to the highly integrated and differentiated state of the adult. Jane Loevinger's scheme divides this development into six stages, with transition levels as well between the fourth, fifth, and sixth stages; the name for each of these is a "term from common speech, the name of some broad human function or characteristic," according to Loevinger (1976).

The first three stages are almost self-explanatory: Presocial, Impulsive, and Self-Protective. The last stages and the transitional levels are of particular concern to this study by Swensen, et al., since measurement by the Loevinger and Wessler Sentence Completion Test showed that the couples surveyed fell between the fourth, or Conformist Stage, and the fifth, or Autonomous State. Specifically, these stages are:

- Conformist Stage, in which relations are governed by appropriate rules, the primary concern is with approval or disapproval rather than values as such, and behavior is more in terms of external manifestation than of internal motivation or psychological factors. Loevinger says this is the mean level of ego development in adult Americans;
- Self-Aware Level, in which people subscribe to Conformist rules which they realize are sometimes conflicting, not always applicable, or undesirable in outcome—reservations which they keep to themselves;
- Conscientious Stage, in which values are internalized, concern is more with personal values than with others' opinions, and relations with others depend more on underlying motivations and awareness of the needs of others;
- Individualistic Level, in which there is greater concern for emotional dependence, an increased sense of individuality and tolerance, and awareness of inner conflict and of emotional dependence despite material independence;
- Autonomous State, in which the person perceives and appreciates others' individuality and accepts them as they are, recognizes, accepts, and copes with inner conflicts, and cherishes relationships and self-fulfillment; and
- Integrated Stage, the most complex, in which the individuality of others is not only accepted but valued, the conflicts of the Autonomous State are transcended, and one's sense of identity is consolidated. A person at this stage of ego development may be compared to Maslow's Self-Actualized person (Loevinger, 1976).

For the Swensen study, these last were divided simply into two groups, the Conformist (Conformist Stage and Self-Aware Level) and the Post-Conformist (Conscientious Stage, Individualistic Level, and Autonomous Stage).

Ego Development and Marital Satisfaction

> *. . . the problems that crop up at this age are no longer to be solved by the old recipes: the hand of this clock cannot be put back. What youth found and must find outside, the man of life's afternoon must find within himself.*
>
> — C.G. Jung

What has the level of ego development to do with the decline in marriage satisfaction so direly predicted by much research Swensen reviewed while preparing for his investigation? After all, there is a decline in the number of problems, which peak during the children's teen years. Some problems eventually take care of themselves—older generation relatives and in-laws die, the children's departure relieves financial strain, and friends who may have been a source of unpleasantness have moved, died, or "lost touch." According to interview replies, though, problems that matter the most in a marriage remain for most couples, in some cases even after 50 years of marriage (Swensen, et al. 1977).

Using a sample of 36 couples from the original study, Kohlhepp examined the expression of love as a function of the interaction between retirement status and level of ego development. In brief, this aspect of the larger study showed: For *conformist* subjects, the expression of love is lower for the postretirement group than for the preretirement group; for *postconformist* subjects, love expression is greater for postretirees than for preretirees; further, there is no significant difference between conformist and postconformist levels among those not yet retired, but for the postretirement group the difference is significant.

Swensen thinks that ego development measures cognitive complexity, from simple to more and more complex understanding and awareness. He says, "I think cognitively complex people are going to do what fits them and the situation. They are less and less time-and-space bound and can see beyond the moment and the situation of the moment. This means that they are going to transcend the moment and, in turn, role relationships . . . . Therefore, they will have more satisfying relationships and more mutual interaction, leading to more expression of love."

Ego development is achieved, in Swensen's view, by facing situations previously outside one's cognitive structure or experience and developing a more complex cognitive structure to deal with them. He thinks development continues to take place throughout the adult life of anyone who is coping successfully and "facing the kinds of things that come up in life."

Swensen thinks the level of ego development has little to do with the downward slide in marriage satisfaction that occurs from the time of marriage to the departure of the children. Although he hasn't examined ego development at earlier crisis points, he believes that very little difference in love expression or marriage problems would be evident at such points. "The differences would be more subtle, I think, prefiguring what comes later."

Swensen's interpretation of the study data is that "the crunch comes when the kids leave home." For the first time in many years, the couple finds an opportunity to interact with each other as people without the disruption of others and they begin to realize the changes that have taken place within themselves and each other. The husband and wife have been doing different things. Their approach toward autonomy, or postconformity, has been by different paths—each has had a job, or the husband has been so engrossed in his job that the wife has had to cope virtually alone with everything else in their lives, or there have been intrusive in-laws. In any case, renewed acquaintance for these intimate strangers may be frightening.

"It is my impression, based on interviews, our data and other research, as well as my own clinical experience, that there are several ways people can handle this," says Swensen. "The most common way, when they are upset to discover they are not where they were, is to avoid the issue. I think this is what the typical conformist level couple does, so there is continued decline. They're stuck in a rut they can't get out of and it's too disruptive to try. That's what happens in 50 to 60 percent of the cases, according to the data. Discovering they're different is emotionally distressing to them so they back off. They are afraid of what they're getting into and can't see that it will lead to anything that will make all the trouble worthwhile.

"The postconformist people, I think, face it, deal with it, and resolve it. That's where you get an increase in love expression and transcending of sex roles, the development of a relationship that uniquely fits each couple."

Of divorce, Swensen commented, "I believe the sense you get from some of these people is 'I'm getting older and don't have the kind of relationship I want. If I want it, I'd better get with it,' so they split up. I would guess that the one most likely to promote this is at the more complex level and the one more likely to hang on is more conformist." Parenthetically, no couple in the study had more than a half-level of difference in ego development—as Swensen remarked, "They'd be living in completely different worlds."

Commitment and ego development in marriage are tied closely to problems in marriage, in the Swensen view. "I think agreement would be very important at the conformist level; in fact, I think the things people conflict over is disagreement over who's supposed to do what and which one is right. At the post-conformist level, I think you'd find disagreement rather interesting, as long as you understood where you were and had a basic bond underneath.

"This brings up another point: Again and again in the research—in Eskew's study on cohort differences for instance—the thing that seems most consistently related to marriage problems is commitment . . . . Commitment is getting married and staying married because of the personal characteristics of the other person. I think there is a tendency to transcend problems when there is that bond that is basic for resolving them."

Problems and Love Expression in Marriage

Applying the statistical findings has led Clifford Swensen into further investigations, comparisons previously unmade, and illumination of new aspects of his overall, longtime concern, interpersonal relations. In the first place, assessing the expression of love and marriage problems has produced some apparent anomalies. If the finding of this study, the reduction in love expression over time, indicates that marriage worsens with age, this study *supports* those who concluded that marriage deteriorates over time. If the quality of marriage is determined by the number of problems a couple has, the data do *not* support that conclusion.

A second anomaly appears in a survey comparing marriage problems scores of pre- and postretirees with younger couples with and without children, in which the data support the belief that marriage improves with age (see table 2).

Table 2—Comparison of Marriage Problems Scores of Pre- and Postretirement Couples With Young Married Couples Who Have and Do Not Have Children (Hilmo 1975)

			Young Married Couples	
Marriage Problems Subscales	Pre-retirement	Post-retirement	With Children	Without Children
1. Problemsolving and decision making	13.5	13.0	14.3	13.3
2. Child rearing and home labor	9.4	9.0	10.0	8.0
3. Relatives and in-laws	8.2	7.6	9.1	8.1
4. Personal care and appearance	7.3	7.2	8.5	8.3
5. Money management	7.4	6.8	8.2	7.8
6. Expression of affection and outside friendships	6.8	6.6	7.9	7.3
Total	52.7	50.3	57.9	52.8

J.A. Hilmo's 1975 survey of younger married couples, combined with the Swensen-Eskew-Kohlhepp analyses, provided answers to questions about the most serious problem the subjects faced in their marriage, the effect it had on their marriage relationship, and how they had solved it, if indeed they had. Table 3 shows the most serious problem period for a large number to be in the first year or so of marriage. A decline comes in the early childbearing years and an increase during the years of childrearing; predicted decline appears when the children start to go their own way. (After many years of marriage, 21 individuals said they could remember no problems.)

Table 3—Frequency of Most Severe Problem in Marriage by Stage of Marriage and Type of Problem

	Marriage Problems						
Stage of Marriage	1 Problem solving	2 Child-rearing	3 Relatives and In-laws	4 Personal Care	5 Money Management	6 Expression of Affection	Total
I. Beginning families	15	5	28	6	29	27	110
II. Child bearing families	9	11	3	4	4	13	44
III. Preschool children	7	19	5	3	8	12	54
IV. School age children	8	19	11	6	4	13	61
V. Teenagers	5	9	2	7	4	13	40
VI. Launching center	1	8	0	2	6	6	23
VII. Empty nest	2	0	4	1	0	8	15
VIII. Retirement	4	0	0	3	0	0	7
IX. Throughout marriage	14	1	8	3	9	16	51
Totals	65	72	61	35	64	108	405

The most common serious problems for all age cohorts occurred in communication and expression of affection (low) and the second in problemsolving and decisionmaking (high). Both problem areas are a function of unsatisfactory interaction between two partners, since they happen within the couple's relationship itself. To Swensen, this suggests that some of the couples in the survey "had endured relatively unsatisfactory relationships with their spouses throughout their marriages." He continued (1977), "Those who stated that they had never been satisfied with the communication and expression of affection in their marriages, or who had always had trouble in making decisions and agreeing on goals, frequently stated that they came to accept the fact that things would never be satisfactory in their relationship with their spouses, and focused their attention on other aspects of their lives."

Functional and Dysfunctional Marriages

In a study of 70 married couples, Anthony Fiore found clear distinctions between functional and dysfunctional marriages. A pilot study, using the Love Scale to measure ideal and real relationships, was conducted earlier on 11 people seeking marital counseling and six who thought their marriages were satisfactory. The hypotheses were: There is no significant difference between functional and dysfunctional married couples in their expectation of love in marriage; functional married couples express significantly more love in their marriages than dysfunctional married couples; and, there is a far greater discrepancy between love expected and love expressed in dysfunctional than in functional marriages. The pilot results supported the researchers' predictions and the larger study was undertaken.

From his community contacts, Fiore located a control couple whom he invited to take part in the study to compare with each couple who came to the clinic for help with their marriage. Each control couple was matched exactly with a specific dysfunctioning couple on age, length of marriage, education, and occupation variables. The sample as a whole ranged from 21 to 55 years of age, from 1 to 33 years of marriage, from 9 to 20 years of education. Occupation ranged from semi-skilled labor to professional work.

In general, the findings agreed with the hypotheses. There was little difference between the two groups in expectations for expression of love in marriage. Fiore and Swensen remark that, unrealistically, the dysfunctional couples did expect more verbal expression but, more realistically, also expected more unexpressed feelings than did the functional married couples. Analysis of the variation between husbands and wives turned up additional differences, with husbands expecting more tolerance and wives more support, both moral and material, in marriage. As the authors observed, apparently husbands expect wives to put up with more and wives expect more encouragement and more material tokens of affection than they receive.

Hypothesis 2 was confirmed. Functional married couples express more affection, disclose their intimate selves more, are more tolerant of their spouses, show more encouragement and concern, do more for each other, and have fewer feelings for each other that they do not express. Gender differences are in the husbands' greater tolerance for wives and the wives' greater moral support. After confirmation of the first two hypotheses, confirmation of the third was hardly a surprise—dysfunctional couples did have greater discrepancies between the amount of love expected and the amount received.

To sum up: Dysfunctional married couples received not only less love than functional couples in marriage but less than they had expected to receive. Fiore and Swensen (1977) add: "Unhappy married couples are both deprived and disappointed in their love relationships. However, both the functional and dysfunctional married couples received less love in marriage than they had hoped . . . ."

Clifford Swensen has another dimension to add. When asked for his definition of "functional" as opposed to "troubled," he replied, "As I've defined them operationally, in a functional marriage people say they're happy and have not sought help, have significantly fewer problems, and agree on what their problems are. In a dysfunctional marriage, people say they have problems and have sought help, and the problems are much more severe. The thing that distinguishes them is that the husband and wife don't agree on what their problems are."

He adds, "In marriage counseling, I have found that the place to go to work is where the couple disagrees on what their problems are. If you go down the Marriage Problems Scale item by item, and the wife says there's no problem but the husband says there is, it's serious."

It doesn't make much difference, according to Swensen, whether both members agree on the *seriousness* of a given problem or whether their *attitudes* are in complete agreement. What matters more is whether they *think* they agree. Even more vital is *understanding*—awareness of the other's thoughts and opinions, freedom to disagree, but appreciation of the other individual and that individual's views. And that comes back to commitment.

The Effects of Retirement

Retirement means change, change in patterns of living, in habits necessitated by routine, possibly in one's role in society. It means time for activities one likes and for new ones yet untried. As the Swensen investigation points out, it means more time, too, to become reacquainted with the intimate stranger one has been living with, without the intrusion of other people and, usually, without having to worry about making a living. Sexual expression at this time is simply an expression of feeling for each other, and any activity can be pursued "just for the fun of it."

Swensen has observed that most people as they get older are more likely to "do their own thing," regardless of how it looks to others. Of this idiosyncratic pattern, he remarked, "The older they get, the more diversity there is in all aspects of life and the more likely they are to live life however they feel like living it."

Cohort Differences

"Whatever is going on at the time you marry has a longterm effect on what happens to your marriage. There's going to be an effect you can see 40 years later." So said Clifford Swensen when reflecting on the kinds of problems the couples in his study had discussed.

The postretirees, most of them married during the Depression, spoke over and over of the financial problems of their early married years. Many had lost jobs or worked only part-time. Many had postponed marriage and children. Many had been compelled to live with relatives, putting additional strain on their getting-acquainted years and often producing in-law problems. They do not report the lower income of retirement as a particular problem. They do seem to be more conscious than younger members in the survey of problems that can arise in interactions with people outside the nuclear circle, and they are less willing to live with their own children.

The younger group, the preretirees typically married during World War II, were confronted with personal rather than material or instrumental problems in their early married years. In many cases separated early and greatly changed by their individual experiences while apart, the couples found that their problems with becoming reacquainted stressed the interpersonal facets of their lives. Presumably, these couples who are still married have already argued out and resolved or, anyway, learned to live with their marital differences. Their expression of love is at a relatively high level, indicating good interaction and communication with each other.

Possibly the greater expression of love in the preretired members of the sample, compared to that of postretirees, shows the decline in that aspect of marriage as the years go by. Swensen sees something else in a comparison of cohorts (Swensen, et al. 1977): ". . . the kinds of problems our subjects discussed suggest that the impact of the early years of marriage upon a couple's subsequent orientation toward marriage is substantial, and is a subject deserving of further study."

Mobility in Retirement

Another proof that not all retired people are the same comes from a comparison between 61 couples who had retired to Florida and the other retirees in the sample. Results from the study indicate that those who went to Florida have relatively weak attachments to spouses and families. In fact, one of those interviewed commented (Swensen, et al. 1977) that "'most of the couples down here seem to be composed of sociable women and crotchety old men.' Perhaps our data indicate that Florida is a refuge for crotchety old, 'hobbyist' men who move to Florida to enjoy their pursuits free of the pressures of family and children, and who drag their more sociable wives with them."

Swensen thinks that their responses suggest that these couples are "not primarily people-centered, or at least one from the pair is not . . . . They're not too interested in social relationships. They tend to be more asocial and are not too involved; in fact they probably wouldn't have left their communities otherwise." So far as Dr. Swensen is concerned, the most significant finding from this subsample is that the expression of love is lower among those who moved than it is among those who stayed behind.

THE "PENSIONISTS" OF BERGEN: A COMPARATIVE STUDY

> *Nora: We have been married now eight years. Does it not occur to you that this is the first time we two, you and I, husband and wife, have had a serious conversation?*
>
> —Henrik Ibsen, *A Doll's House*, Act III.

In a paper entitled "Utvikling av forkold blant eldre ektepar," Dr. Clifford Swensen reported to the Norwegian Gerontological Society the results of his survey of 80 older married people of Bergen, Norway. The study, a parallel of the Purdue-centered one, was funded by the Norwegian Research Council, and the report was published in *Fokus På Familien* in 1977.

His Norwegian descent and frequent professional contacts with Norwegian scholars prepared the Swensens for enjoyable and worthwhile experiences in Norway. This latest connection began when he and a Norwegian psychologist collected data on the relationship of American junior high school students to their parents and teachers and its correlation with their school achievement. Swensen's measures used in that survey were translated into Norwegian and the two men conducted a similar survey there. Consulting work in Bergen during that visit and the subsequent interest of Norwegian colleagues in the U.S. study of older marrieds led Swensen to submit a grant proposal for similar research in the new program in Gerontological Psychology. The work began in 1975 and proved to be a happy arrangement on both sides; further, it has stimulated research in clinical psychology at the University of Bergen and led to a growing cooperative effort, including the start of a new Pediatric Psychology research program in which a Purdue colleague of Swensen's is going to assist.

The Norwegian sample was found through the Folkeregister, a thorough compilation of births, marriages, moves into and out of town, and deaths. As Swensen remarks, "In the States, one must go here and there searching for records. There, just tell them you want everybody over 60, or all married men a certain age, and, eventually, they'll send a computer printout with names, addresses, phone numbers, their wives, and so on."

That sample and those of the United States produced very similar results. The expression of love in marriage declined especially in verbal communication—the longer the marriage the less inclination of spouses to talk about feelings of love for each other or intimate facts about themselves. They showed less interest not only in what each other was feeling but in what each other was doing, and they gave each other less moral encouragement. Their inner feeling for each other, though unexpressed, did not decline, however, nor did the material goods provided and things each did for the other.

The difference between the samples from the two nations was in the *amount* of love expression. This was lower for the Norwegian sample, lower even than for the Florida retirees. Dr. Swensen found, further, that the score for Scale 5 of the Love Scale, *un*expressed feelings, was also lower. He wrote (1978b) that this indicates that "such feelings as they had for each other they did tend to express, so that the lack of expression of love would appear to be not due to a reticence to express themselves, but rather due to a relative lack of feeling for each other."

The Norwegian sample is small and confined to Bergen. Some of Swensen's friends have suggested that Bergenians are "more reserved and less interpersonally expressive" than other Norwegians. Swensen does not believe, however, that the addition of Norwegians from other areas would change the statistics *vis-a-vis* the U.S. sample of retirees. Certainly it would not change the observation (Swensen 1978b) that, even though both groups are experiencing fewer problems since retirement "the sum adds up to a rather devitalized relationship—one to which the words stagnation and resignation might well be applied."

The Greatest Common Problems

Tables 4A and 4B show the reactions of these Norwegian "pensionists" to various problem areas. Areas of concern as a

Table 4—Biggest Present Problem mentioned by Pensionists

	A. For Length of Time Pensioned				Total		B. For Level of Ego Development	
Biggest Problem	0-6 months	6-12 months	1-2 years	2+ years	N*	%*	Conformist	Post-Conformist
None	50%	25%	30%	25%	22	37	43%	15%
Health	18	25	20	45	13	22	15	55
Worry about death	9	25	10	25	8	13	15	15
Job, Activity with Meaning	14	0	10	5	6	10	11	0
Money	9	0	20	5	7	12	11	0
Marriage, Family	18	25	20	20	11	18	20	15

*N=60. %=100%. Higher in both cases because 7 persons mentioned more than one problem function of the length of time since retirement appear in Table 4A and as a function of ego development in 4B. This graphic illustration should not be surprising—that the longer the retirement the greater the concern about health and death. Swensen believes the increase in anxiety may be due to the illness of one of the spouses.

When counseling older couples in Indiana and Florida, Swensen says he has been struck by "the extent to which sickness in one spouse seemed to have a devastating effect on their relationship." They have no idea of how to handle evidences of senility in the spouse, for instance, or a role reversal, as in the case of a dominant husband being physically cared for and psychically supported by a previously dependent wife. There is "either denial—it just doesn't exist—or a sort of collapse. 'I'll have to give in and be supported for the rest of my life.'"

In view of the separateness of some of these husbands and wives from each other and their low levels of expressed feelings . . . their concern about loneliness . . . seems a sad irony.

Swensen's comments about the aging Bergenians in "Marriage Relationship and Problems of Retired Married Couples," then, are applicable for all. "It is a reality that becomes more pressing as age increases. The worry about death is not so much a concern about one's own death as it is . . . for what will happen after one's spouse dies, or concern with what will happen to the spouse after one's own death. The concern about death is a concern about loneliness" of oneself or one's spouse (1978b). In view of the separateness of some of these husbands and wives from each other and their low level of expressed feelings and personal revelation, their concern about loneliness after the death of either seems a sad irony.

Tables 5A & B, which show the respondents' feelings about the best years of their lives seem somehow to refute the irony. The two previous tables had indicated that the two groups most concerned with health and death, those who have been retired for two or more years and those at the post-conformist level, both report that the postretirement years are the best years of their married lives. In other words, Tables 5A & B say that those most likely to be aware of their eventual problems are most satisfied with and happiest in their current married life.

Table 5—Pensionists' Judgment of Best Years of Marriage

	A For Length of Time Pensioned				Total		B For Level of Ego Development	
Best Period	0-6 months	6-12 months	1-2 years	2+ years	N*	%*	Con-formist	Post-Con-formist
Since pensioned	0%	50%	20%	70%	20	30	31%	39%
Since the war	41	0	30	10	14	23	22	23
When young	14	0	20	5	5	8	7	15
First and last years	9	13	0	0	3	5	9	0
When children young	0	0	20	5	3	5	9	0
Since children left	5	13	0	0	2	3	2	8
All the same	27	13	20	10	11	18	20	15

In review, Clifford Swensen conjectures that the couples' awareness of approaching sickness and death heightens their appreciation of the joys and pleasures of their present life with each other, motivating them to make the most of time. This corroborates observations from the surveys made in the States. As Swensen commented, "In general, these people say the last years are the best. I remember one Baltimore couple who had been married forty-some years and, as a matter of fact, had moved around some—no kids—who said they never realized two people could be as close together as they had become since retirement. I think that's a general result, regardless of what the Problems Scores and the Love Scale Scores report."

SUMMARY: PAST AND FUTURE

> *There is only one solution if old age is not to be an absurd parody of our former life, and that is to go on pursuing ends that give our existence meaning—devotion to individuals, to groups or to causes, social, political, intellectual or creative work. In spite of the moralists' opinion to the contrary, in old age we should wish still to have passions strong enough to prevent us turning in upon ourselves.*
>
> —Simone de Beauvoir

This series of studies on the quality of marriage over time shows that the inevitable ingredient is change—not only the change evidenced in bifocals, or loss of skin and muscle tone, or slower gait. Far more subtle, it is in the steady decline of the expression of love between husband and wife. Change appears, too, in the increase in the number of problems faced by most couples as their children enter the teen years and the decrease as the nest empties.

Unhappily, the change in the kind of problems encountered by husband and wife is superficial to the fabric of the marriage. Change which shows up statistically comes more often in situations that are peripheral to the real relatedness of the couple. Parents and in-laws die, children leave home, friends and acquaintances drift away if continued association is not desired. *Real* problems—setting goals, making decisions, and solving problems—often change very little.

The older couples in the primary research sample of 224 couples are all in "functional" marriages. They have not sought counseling or other help for their marriages and can reasonably be termed "happy." Decline in marriage satisfaction, then, seems nonspecific, abstract but real nonetheless, a diminution in the exchange of a mutually animated energy. Satisfactions in these marriages came largely from extensive interaction with relatives and children, friends and groups. Still, for the typical couple, there is the unmet need for intimacy.

This typically marks the marriages of couples in the conformist level of ego development, the mean level in the American adult population. These are the people who touch upon each other's lives in stereotyped ways, the couples for whom the *rules* for living and loving as they understand those rules control their husband-wife interactions. Postconformist couples see and appreciate the individuality of themselves and others. They are aware of their own feelings, needs, and wishes, and of those of others. They go beyond the roles expected of them, especially marital roles, and they encourage similar growth in others.

This research indicates that ego development is related to the quality of the interaction between husband and wife and, therefore, that the kind of relationship growing out of their union is a function of the level of ego development of each of them, at the beginning and throughout the marriage. It follows, then, that a couple's development beyond the conformist level and the capacity of each to outstretch stereotypic patterns and habits can lead them to evolve a vitality in their living together that will more nearly satisfy their needs for total intimacy, psychological and physical.

The amount of love expression in the marriages in these studies, compared to those in related studies such as that of Fiore and Swensen, is well above the amount of love expression in troubled marriages but well below the amount wished for in marriage. In Swensen's words (1978a): ". . . the level of intimacy, as measured by the expression of love, is less than is typically expected in our culture, even in the groups with the greatest amount of love expression. This suggests that for all of the groups in the study there is, to some degree, an unmet need and desire for the expression of love."

Further Studies

Concerning what comes next, Clifford Swensen comments that he would like to explore longitudinally the measurement of love expression and problems and the function of different situations in building up a picture of the marriage relationship. "Essentially, I want to do two things: Look at the terminating stages of marriage from retirement on out—there are no data on that—and how people cope with inevitable sickness and death of a spouse and which kinds of pre-situations and pre-ways of coping seem to work best. There are no data, either, on how the relationship between adult children and their parents affects the children's and the parents' marriages. Some years ago, of course, this was not a problem.

"I want also to look at some of the alternative forms of marriage (that is, sharing, or even group marriages) to see how they fit into this larger picture and how they relate to the more standard forms of marriage. I suppose, theoretically, one could even see how longterm homosexual relationships fit in, also."

Dr. Swensen is enthusiastic about the longitudinal study he and some Purdue colleagues are beginning. Part of the sample subjects are in a home in which the residents range from totally competent to utterly dependent on nursing care. Some subjects are intact couples, some widowed, and in some one spouse is ill. The study will begin with a pilot and will involve extended group work, to learn the coping patterns of each age and life situation.

The largest sample will come from the Purdue Retirement Program and will contain "everything from carpenters to nuclear physicists, the whole thing, grasscutters, roofers, policemen, firemen. It's really a community with everything in it. Since the retirement program begins at age 55, three cohorts, preretired, short-term retired, and long-term retired, will be available.

"They're living all around in Tippecanoe County, and we can compare them with those in the retirement facility," Swensen continued. "We'd like to follow these people for the rest of their lives (or the rest of our lives, whichever comes first). Data will be kept by our Social Science Institute, so it can go on and on. There will be continuity. Both sociologists and psychologists will be involved in this study and the findings will be useful in many areas of work with the aging."

The study, "Reaction to Normal Life Change in an Older Population," will involve scholars from the departments of physical education and recreation and of audiology and speech sciences as well as of psychology and sociology. The changes to be studied include retirement, residence, hearing and speech, and health; in other words, the changes to be assessed are those occurring in physical and emotional health, personal relationships, communications patterns, and in the ways these elderly people cope with changes. As part of the investigation, the subjects will be interviewed, answer questionnaires and personality scales, and undergo standard speech and hearing assessment procedures.

The benefits of this kind of multidisciplinary study are great. There will accrue a large body of data which can be used for additional studies on all aspects of aging at Purdue and, in a ripple effect, wherever there is concern for this large and growing segment of the population. As one example, the study hopes to provide information about the effect of avocational and physical activities on the physical and emotional problems of aging. To cite another, the study should provide a measure of the effect of hearing loss on speech patterns and on the marriage relationship of the subjects. Dr. Swensen, particularly, will be concerned with the results of the intermeshing of the personality characteristics of these elderly people and the social, physical, and retirement problems they must handle.

Making the Last the Best

To some extent, some improvement in the relation of husbands and wives to each other through higher ego development, leading in turn to their greater commitment to each other as unique and special, may come about unaided—in another generation or two. This might be conjectured, at least, since the level of ego development nearly always rises with the level of education.

Apparently, though, judging from the Swensen-Eskew-Kohlhepp study, even those couples who are at the postconformist level are wistful about the inconsonance of dreams and reality. Clifford Swensen suggests that a new form of marriage counseling may become necessary to help couples work toward a solution of the long-standing problems which many accept "as the unfortunate price they must pay for the continuation of the relationship." Swensen conjectures that many couples would be unwilling to invest the effort or endure the emotional pain. He believes, though, that useful methods for working on these problems could and should be developed. He wrote (1978b):

> There are two intractable facts about the life and marriage situation of retired married people. The first is that they have the time and the opportunity to explore the joys and complexities of an intimate relationship

with each other. The second is that their time is limited. Within a relatively short period of time one, or both, of them will become ill and die, and their relationship will come to an end. When these parameters are viewed from the point of view of psychology, it becomes clear that we have not concerned ourselves with the terminating stages of marriage. We have not been concerned with developing methods for helping retired couples to enjoy to the fullest the short time they have left to them, nor have we been concerned with developing ways of helping husbands and wives to cope with the very serious emotional problems that come with the serious illness and death of a spouse, an event which disrupts and then terminates the most significant relationship in a person's life. The development of an understanding of what happens in this relationship in its terminating stages, and during the stresses and disruptions that attend that process of termination, has significance not just for those who are old now, but for all married couples eventually, and for all human beings, to the extent that it tells us more about the nature of human existence in its entirety.

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PARENTS AS LEADERS: THE ROLE OF CONTROL AND DISCIPLINE

Principal Investigator: Diana Baumrind, Ph.D.

*Author: Herbert Yahraes**

For almost two decades, research psychologist Diana Baumrind, of the University of California, Berkeley, has been conducting a major investigation into how various types of parental control affect children's behavior.

In her first study, Baumrind was concerned with three small groups of normal preschool children and their parents. Her findings can be summarized as follows:

- The most assertive, self-reliant, and self-controlled children had parents who were "controlling, demanding, communicative, and loving." Rather than ridiculing or frightening the child, or withdrawing their affection, these parents were ready to use corporal punishment. Generally, though, instead of punishing a child for behaving badly, they rewarded him for behaving well.
- The children who were discontented, withdrawn, and distrustful had parents who were relatively controlling but also detached.
- The children who had little self-control or self-reliance and who tended to retreat from new experiences had parents who were relatively warm but also noncontrolling and nondemanding.

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*See note at end of chapter.

In the second project, Baumrind, assisted by Allen E. Black, studied 95 preschoolers attending the University's Child Study Center and their parents. The findings suggest that "parental practices which are intellectually stimulating and to some extent tension-producing"—such as punitiveness, firm discipline, and expecting well of the child—"are associated in the young child with various aspects of competence. Techniques which fostered self-reliance—whether by placing demands upon the child for self-control and high-level performance or by encouraging independent action and decisionmaking—facilitated responsible, independent behavior. Firm discipline in the home did not produce conforming or dependent behavior in the nursery school." Moreover, the willingness of parents "to offer justification for their directives and to listen to the child when directing him were associated with indices of independence and social responsibility . . . . Parental restrictiveness and refusal to grant sufficient independence were by contrast associated (particularly in boys) with dependent and passive behavior."

The findings of these two studies are thus in general agreement: In association with other factors, firm parental discipline makes for competent children.

FOLLOWING CHILDREN THROUGH TIME

Baumrind's third project is a longitudinal study that got under way in 1967 and is still in progress. Its subjects are 134 white and 16 black children, originally enrolled in 13 nursery schools, and their well-educated middle-class families. The children's behavior has been observed both in school and, along with their parents', at home. In this phase of the research, Baumrind is particularly interested in learning the effects of different kinds of parental discipline upon a bundle of characteristics known as "instrumental competence." This embraces such qualities as social responsibility, independence, orientation to succeed, and vigor. She defines these as follows:

> "Social responsibility" is behavior that is friendly rather than hostile to peers, facilitative rather than disruptive of others' work, and cooperative rather than resistive of adult-led activity. By late childhood, the qualities of objectivity and self-control are important correlates of social responsibility. "Independence" is behavior that is . . . goal-directed rather than aimless,

> and self-determined rather than conforming. "Achievement orientation" is behavior in which the child seeks rather than avoids intellectual challenge and solves problems persistently and efficiently rather than inefficiently and impulsively. "Vigor" refers to the child's appearance of vitality and energy level.

This investigation has found three main types of parents, each of which has a different effect upon preschool—and also, presumably, older—children:

Authoritarian. This type "values obedience as a virtue and believes in restricting the child's autonomy . . . values the preservation of order and traditional structure as an end in itself. He or she does not encourage verbal give and take, believing that the child should accept the parent's word for what is right."

Authoritative. This kind "attempts to direct the child's activities in a rational, issue-oriented manner." Such parents value not only disciplined conformity on the part of the child but also the expression of self-will. "The child is directed firmly, consistently, and rationally; issues rather than personalities are focused upon; parent uses power when necessary; parent values obedience to adult requirements, as well as independence in the child; parent sets standards and enforces them firmly but does not regard self as infallible; parent listens to child but does not base decisions solely on child's desires." To achieve objectives, such parents use reason, power, and reinforcement, meaning rewards for acceptable behavior.

Permissive. Such a parent "behaves in an affirmative, acceptant, and benign manner toward the child's impulses and actions" and aims "to give the child as much freedom as is consistent with the child's physical survival. Freedom to the permissive parent means absence of restraint."

In this research, the kind of parental control called "authoritative" is associated with "responsible, assertive, and self-reliant behavior in preschool children" and comes out best.

In contrast, authoritarian control covers many areas of the child's life "with extensive proscriptions and prescriptions" and places "arbitrary limits upon his autonomous striving to try out new skills and make decisions for himself." Such restrictiveness may well induce fear and undue submissiveness.

Permissive parents, as well as those designated authoritarian, differed significantly from authoritative parents because they "lacked confidence in their childrearing practices, did not enrich their children's environment, and, for boys, did not have a clearly defined childrearing policy." Both types of parents "lacked balance between what was offered to the child in the way of support and what was demanded of him in terms of obedience." The permissive parents offered too much and demanded too little; the authoritarians demanded too much and offered too little. Permissive parents often say they want their children to be independent, but this research found that permissiveness was *not* associated with independence.

What does it take to be an authoritative parent?

For one thing, Baumrind finds, he or she must *not* be restrictive and suppressive. "An authority is a person whose expertise befits him to tell another what to do when the behavioral alternatives are known to both. In order to be an authority, the parent must be *expert.* Many parents and teachers have come to the conclusion that they are not expert about matters pertaining to the young people placed in their charge. Instead of aspiring to become more expert, they abandon their roles as authorities." But there is hope, because "much of what a parent needs to know can be learned from observing and listening to the child." By so doing, the parent "may acquire the information needed about the child and the child's peer group." Unlike the authoritarian parent, the authoritative parent modifies his or her role in response to the child's coaching, responding to suggestions and complaints from the child, and then transmitting these modified norms to the child.

Baumrind explains:

> By becoming more expert, the parent thereby legitimates his or her authority. In order to be authoritative, the parent must be willing and able to behave *rationally.* The parent does not have to explain his or her actions to the child all the time, especially when the child obviously understands the reason but is engaging in harassment. But a parent does need to be sure that the basis for parental demands is just and that the child knows, as much as he or she is capable of understanding, the reasons behind these demands. In order to be authoritative, the investigator continues, the parent must value ***self-assertion***, *willfulness*, and

> *independence* in the child. The aim should be to prepare the child to become independent of parental control. Methods of discipline, while firm, must therefore be respectful of the child's actual abilities and capacities. As these increase, the parent must share his or her responsibilities and prerogatives with the child and expect more in the way of competence, achievement, and independent action.

Authoritative parents, Baumrind also reports, "tended to believe that they should be receptive to, and aware of, the child's needs and views before making any attempt to alter the child's actions and to see the child as maturing through stages with qualitatively different features." Such parents also "tended to refer to the norm of reciprocity in Judeo-Christian terms, 'Do unto others as you would have them do unto you.'"

THE FIRST FOLLOWUP

When the children were between 8 and 9 years old, 96 of them and their parents were again intensively studied through observation, interviews, and tests. Among the material analyzed were video tapes of family discussions of stories containing moral dilemmas.

At the time of the followup, the children of authoritative parents were still clearly the most competent. The authoritative mothers of girls got high marks for respecting their daughters' reasoning ability, training them in cognitive matters, and having self-confidence as a parent. The authoritative mothers of boys tended to direct their sons' lives but to delegate responsibility to them in household matters such as keeping up their rooms. The fathers of boys enforced orders but clearly held in mind their sons' individuality. The fathers of girls, like the mothers, tended to train them cognitively.

In general, the preliminary findings show, the *girls* who were competent and had a sense of "personal agency"—that is, thought that what they did mattered—came from families having "a childrearing pattern of firm control and somewhat stressful, abrasive interactions, particularly with their fathers." Analysis of the family interaction video tapes showed, however, that parental demands in these cases did not have a repressive effect. It showed also that the girls felt free to resist paternal direction and to "engage in playful role-reversal with their fathers," meaning that the girls in a bantering manner would sometimes tell their fathers what to do, instead of the other way around.

The case of the competent, believing-in-themselves *boys* was somewhat different. The video tapes showed that the fathers of such boys were relatively nondirective. However, this characteristic was "intimately associated with high expectations and implicit demandingness." In other words, "fathers of the most competent boys were *appropriately* nondirective in that their sons could be depended upon to act properly without direction." As one example, these boys were significantly more likely than other boys to talk and act competently during the family discussion. Baumrind reports that this same finding holds for the most competent girls, but that "for girls competency is actively elicited as part of the pattern of paternal directiveness," while for boys no elicitation was needed.

THE IMPORTANCE OF DISCIPLINE

During the first 6 years of life, Baumrind holds, "the imposition of authority even against the child's will is useful to the child . . . . Indeed, power serves to legitimate authority in the mind of the child, to assure the child that his parent has the power to protect him and provide for his needs . . . . What makes a parent a successful reinforcing agent, and/or an attractive model for a child to imitate, is his or her effective power to give the child what is needed. . . ."

During adolescence, "the contrasting views of authority viewed as justified versus authority viewed as illegitimate become particularly apparent." Baumrind cites a number of findings in support:

- A survey of Swedish adolescents found that teenagers accepted authority based on rational concern for their welfare but rejected authority based on the adult's desire to dominate or exploit the child.
- In another study, parental discipline viewed by the child as either very restrictive or very permissive was associated "with lack of closeness between parent and child and with rebellion against the parent's political viewpoints."

- Junior and senior high school students in a third study "were more likely to model themselves after their parents and to associate with peers their parents approved of if their parents used reason to explain decisions and demands."
- Still another investigation found "that maladjusted and aggressive high school boys described their parents as unloving" and that "boys who described their parents as both loving and controlling identified with their parents in both these characteristics."

Other research viewed by Baumrind indicates that where both parents abstain from alcohol for religious reasons, children are more likely to refrain from drinking when they go to college; children whose parents do not smoke are more likely not to smoke; "adolescent drug use was least prevalent among traditional families who both disciplined their children and spent much time with them and for whom religion played an ongoing part . . . ."

The parents in Baumrind's studies frequently used some form of punishment—often corporal—to achieve compliance. In the longitudinal study, corporal punishment was used in all but two of the families. Permissive parents in that study admitted "to explosive attacks of rage in which they inflicted more pain or injury upon the child than they had intended."

Punishment is most effective when given as closely as possible to the undesirable behavior . . . .

The evidence from these studies, Baumrind reports, does not indicate that corporal punishment in itself was harmful or ineffective "but rather that the total pattern of parent control determined the effects on the child" of such punishment. She reports also that authoritative parents, "who were particularly effective, favored corporal punishment over other negative sanctions."

By "corporal punishment," Baumrind means nonbrutal physical punishment delivered in response to behavior the child knows is not acceptable. It is different from brutal and arbitrary physical punishment, which many studies have shown to be associated with undesirable behavior. For example, such punishment has been linked to antisocial aggression and also to passivity, dependence, and social withdrawal. However, Baumrind continues, there is considerable evidence "that the use of punishment and coercion by parents is associated reliably with antisocial and nonachievement-oriented behavior in children when the parent is also repressive, hostile, and restrictive, but not reliably when he is not." In fact, according to this investigator:

> It is reasonable to postulate that nonbrutal punishment, including physical expressions, by a loved and respected parent, if *consistently contingent upon the child's behavior*, should have, in addition to its effectiveness as a means of behavior control, side effects which are also beneficial, such as the following: (1) more rapid re-establishment of affectional involvement between participants following emotional release; (2) high resistance to similar deviation by siblings who vicariously experience punishment; (3) lessened guilt reactions to transgression since the parent inflicts an unpleasant consequence; (4) increased ability of the child to endure punishment in the service of a desired end if he should decide to persist; (5) willingness by the child to openly confront another within a power relationship rather than to deny or disguise anger, brought about by emulation of the aggressive parent; (6) increased feeling of internal control within defined limits since reinforcement is made consistently contingent upon the child's own action; (7) reduced dependency upon the parent as a source of gratification since the parent, by punishing the child, arouses ambivalent feelings toward himself.

From a review of research on punishment, Baumrind cites these findings: Punishment is most effective when given as closely as possible to the undesirable behavior, when it is consistent and cannot be escaped, and when it is accompanied by an explanation that specifies both the unacceptable behavior and a more desirable one. Also, parents should not use punishment "to eliminate behavior which the child is highly motivated to perform without offering alternative forms of behavior by which the drive can be redirected."

Temperament as well as upbringing plays an important role in what happens to a child. The ways in which these two factors interact to affect the development of social responsibility, independence, and originality, Baumrind points out, are not yet well understood. However, "we do know that children of different temperaments may be affected dissimilarly by like childrearing practices. For example, in order that by adolescence each may possess adequate self-confidence and social competence, a boy that is timid and fearful from birth will require more patient, gentle handling and more encouragement for his tentative movements toward independence than his sister, bold and energetic from infancy."

In sum, a child is more likely to develop a sense of competence, responsibility, and independence if he or she is given firm and reasonable guidelines. Most important, keep listening and take into consideration what your child has to tell you.

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IMPROVING PARENT SKILLS

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INTRODUCTION

Any parent of normal intelligence and average emotional health can be reasonably confident that an infant who is unburdened by genetic and constitutional defects will develop into a competent and mentally healthy youngster. Consider the work of the late Ira J. Gordon dealing with parents at the lowest socioeconomic level and their babies. It is such children who are at the greatest risk to educational failure, personality disorder, antisocial behavior, and mental illness. If the simple methods developed by Dr. Gordon and his associates at the University of Florida can prevent dire outcomes in such families, they may be equally effective in families higher up the socioeconomic ladder.

DESCRIPTION OF THE PROJECT

The Florida intervention project was directed at the parents because research by other investigators had shown that the effects of working with the children directly, although substantial for awhile, tended to fade and disappear after the extra effort stopped. If the *parents* could be taught how to help the child develop his inborn capabilities, Gordon reasoned, the effects of the intervention program ought still to be felt for a considerable time after the end of the project. And if the disadvantaged children succeeded in entering grade school at the same behavioral and educational level as most other children—

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*See note at end of chapter.

instead of incurring the usual lag of a year or 2, which most such children never do succeed in overcoming—the effects might turn out to be permanent; certainly the child's confidence in his ability to stay in the mainstream would be enhanced.

As Gordon points out, there is a definite relationship between self-concept, or how a person sees himself, and mental health. There is also a definite relationship between self-concept and competence. When a youngster knows he can read, for example, the child's self-concept is improved, and the foundations of mental health are strengthened. Events through the years—starting in 1966, when the first families were visited—have shown that Gordon was right.

In addition to influencing the child indirectly through the mother, Gordon's program was marked by two other features. First, work with the mother began when her child was only 3 months old. Second, the people who worked with the mother—they were called "parent educators" (PE's)—were women from the same social class as the families they worked with.

The paraprofessionals taught the mothers ways to stimulate the perceptual, motor, and verbal activities of their babies and to be aware of and to meet their emotional needs. In the investigator's words, the aim "was to investigate the effectiveness and practicability of a home-centered technique for cognitive, language, and personality development of mother and child, based upon the use of parent and child educators who are themselves members of the population served." If effective, Gordon pointed out, this innovation in family services would extend the reach of the professional, upgrade the competence and importance of the nonprofessional, and, in the long run, as participants became more capable of meeting their own needs, reduce the need for intervention.

The experimental group embraced 150 families, about 80 percent of which were black and the rest white, in 12 counties. They included representatives of the urban poor, living in Gainesville and other cities, and representatives of the rural poor, living in small towns and settlements or in isolated, unpainted cabins as much as 2 miles from a water supply. In some cases the new baby was the mother's first; at the far end of the scale, the eighth or ninth. In half the homes the father was absent because of separation or divorce or because the mother was unmarried.

Visits to the homes showed that, in general, the mothers were taking care of the baby's physical needs, though very often on a haphazard basis, but characteristically did not talk to the baby, did not play with him or her, and did not offer praise for accomplishments. Frequently the homes contained neither books nor magazines. But most homes that had electricity also had television sets, usually turned on high to the soap operas.

"As we looked at the homes," Gordon says, "we felt that the predominant problem was not whiteness and blackness but the cultural poverty. We found poor black homes that were doing a good job with the kids and poor black homes that were doing a terrible job—and the same thing in the white population." The staff did find one racial difference: It was harder to keep whites in the program, possibly because the extra attention they were receiving may have hurt their pride.

There were two control groups of 30 families each. The families in one received no services; those in the other were visited once a month by a nurse, who showed interest in the baby and the family and took pictures. Her activities were an effort to control for the so-called Hawthorne effect—that is, to learn if a simple show of interest would produce changes comparable to those that might occur in the experimental group served by parent educators. (The answer turned out to be "no.")

The parent educators, or PE's, ranged in age from 18 to 55. They had to meet fairly simple requirements: a high school diploma, some experience with young children, a warm personality, and sufficient clerical skill to maintain a record of what they had done and observed in the homes. During the training period, which ran for six 40-hour weeks, they learned to demonstrate and explain the great variety of activities—known to the project as "tasks"—they would be teaching the mothers. They worked at first with dolls and then with children. Once the home visits began, the program added inservice training, 1 day a week, to increase the ability of the PE's to recognize and deal with different types of mothers and children.

In keeping with the distribution of races in the project's families, 15 of the parent educators were black, 3 were white, and it was planned that each PE would visit only families of her own color. For greater ease in scheduling visits, however, this plan was dropped after the first year, so that blacks sometimes visited white families, and whites sometimes visited black families. The color of the PE, Gordon reports, made no difference either in her acceptance by the families or in the results obtained.

Visits were made once a week and lasted less than an hour. The PE would ask how well mother and child were carrying out the activity introduced during the previous visit, would answer questions, and then would demonstrate a new task and rehearse the mother in it. The tasks, which were based on studies showing how children develop language and other mental abilities and sharpen their skills and senses, were as much the creation of the paraprofessionals as of the project's professional staff. Many of the activities required no material or at most material available in even very poor homes. Equipment not usually available, such as paper, glue, crayons, books, and small toys, was supplied by the project.

Of the following examples of activities, the first two are typical of those introduced during the child's first year; the last, during the third year.

- With the baby lying on his back, hold a rattle about 12 inches above his stomach. Shake the rattle until the baby looks at it; then say, "See the rattle." Move the rattle slowly toward the baby's hand until he looks at hand and rattle simultaneously. Then say, "Get the rattle." When the baby grasps the rattle, smile, speak to the baby by name, and say, for example, "Johnny has the rattle." Purpose: to help the baby connect grasping with seeing and action with action words.
- When the baby is relaxed and happy in your arms and facing you so he can watch your lips, say some sounds he is not familiar with, such as "brr-own" and "ghrr-ate." Give the baby time to make his own sounds. When he does so, respond with a laugh, a smile, or an encouraging nuzzle. Purpose: to help the baby make speech-like sounds.
- Have your child help you use crayons to color some popsicle sticks. Then lay out a color pattern, talking while you do so.

> Say, for example, "I put red, yellow, and another red—two red sticks with a yellow stick in the middle." Ask your child to copy this pattern. Then let him make a pattern for you to copy. Primary purpose: to teach the child to recognize colors. This activity can also be used to help the child grasp the meaning of numbers. At least as important as the activity itself was the interaction it brought about between mother and child.

The parent educators also listened to parental problems. In middle-class homes, Gordon has found that such problems generally pertain to childrearing. But in the lower-class homes of this project, most of the recurring major problems related to the families' poverty. "I've got nine kids," a mother would say, "and a part-time job which makes enough money to keep me off welfare, but I haven't got enough money to feed my children." Or, "My husband is making a good living, but he's drinking it all up, so I don't have any money for my kids." Or, "I don't know how to get commodity foods." More than childrearing, the problems concerned basic survival.

Since the project was not equipped to handle such problems directly, it acquainted the parent educators with the available social services and assigned them to be referral agents. Then it had to tell the paraprofessionals where their limits were. "Because they had come out of the same boat the family was in," Gordon recalls, "they'd identify very strongly with a family and want to do what a new and naive social worker often does—try to run around and do everything themselves. We'd have to say, 'Now wait a minute. If you're going to help that mother improve her locus of control—help her feel that she herself is greatly responsible for what happens to her and the family—you've got to work with her so she does things herself.'

"Then the paraprofessional would say, 'But she doesn't have a car, you know, so how is she going to get there?' We'd say, 'Okay, if you want to drive her, but she's got to talk to the man—you can't talk for her.' We did get into all kinds of problems not strictly related to what we were doing."

When the children were a year old, half of the control children were randomly assigned to the home-visit program, and half of the children in the home-visit program were randomly assigned to the control group. These changes were made so that at the end of 3 years the investigator could make comparisons among groups that had been in the program for varying lengths of time and at varying ages.

In a second and major change, the project used an NIMH grant to set up a number of home-learning centers so that the children from 2 to 3 years old could benefit from contact with peers. The centers were the homes and backyards of some of the project families. Three were established in low-income housing projects in Gainesville and one in each of four Florida towns. Twice a week, 2 hours at a time, groups of five children each would meet there to engage in group and individual activity and to interact with the PE. The mother who lived in the home was employed as the PE's aide. The home visits continued. This program was not day care, Gordon points out; it was more like an abbreviated nursery-school experience.

Part of the inservice training day was set aside for meetings of the Home Learning Center directors, university faculty members, and graduate students to discuss difficulties and to develop ideas for improving relations among those attending the centers. Also, each PE had a private conference each week with a faculty member to review her activities and receive guidance. When a PE wanted special help, a faculty member would make home visits with her.

THE FINDINGS

The project has not been in touch with the children since they were 3 years old, except to administer tests. But it expects to follow them—through those tests, school records, and teachers' observations—until they have finished fourth grade. The findings now available are summed up in the rest of this section.

IQs at 6

Statistically, four out of the seven experimental groups scored significantly higher than the controls on the Stanford-Binet intelligence test at the age of 6. This was 3 years after the end of the program. The groups, together with the differences between each one's average score and that of the controls, were as follows:

1. Children in the program all 3 years scored 7.2 IQ points higher than the controls.
2. Children in the program only the first 2 years scored 9.4 points higher.
3. Children in the program only the last 2 years scored 6.2 points higher.
4. Children who participated only in the Home Learning Center part of the program, which began when the children were 2 and ended a year later and which included weekly visits to the home by parent educators, scored 5.6 points higher.

The differences in the IQ scores among treatment groups are not statistically significant. In other words, it is impossible to say that one treatment schedule yielded better results than any other, as measured by IQ scores. Gordon reports indications, however, that the 3-year program pays off the most consistently and also has the most effect on the home.

The average scores of the children in those four experimental groups ranged from 94.2 to 98; that of the controls was 88.6. (The average IQ of black children of 5 or 6 years of age in five Southeastern States is 80.) White children and black children in the program had average scores that were approximately the same.

Gordon points out that the differences produced by the intervention, though they were not startling, were sufficient to move the children into the range of normal intelligence. The findings suggest that the earlier in a child's life such an intervention program is started, the greater the probability that it will make for a significant rise in his or her intellectual competence. However, Gordon notes that even those children who took part in the program only from age 2 to age 3, when the Home Learning Center was introduced, scored higher than the controls.

Three other groups did not score significantly higher than controls: those who were in the program their first and third years, or their first year only, or their second year only. Least successful was the group that entered at 12 months and left at 24 months. "Our feeling has been," Gordon comments, "that the period from the first year to the second is difficult because so many things are going on at once, particularly in terms of motor development." Also, as found by other investigators, the child is likely to act negatively during a good part of that period, even to the extent of refusing requests simply in order, it often seems, to aggravate the mother.

Results at Grade 3

Of 30 children who stayed in the program for more than a year, 28 were in regular classes in third grade and only two were in special education classes, which are classes for those who have fallen decidedly below the level of their classmates. This was 6 years after the end of the intervention program. In contrast, out of 20 control youngsters, 6 were in special classes. The difference—6 out of 20 in trouble educationally as compared with 2 out of 30—is statistically significant at the .05 level.

Factors Related to Children's Outcome

Apart from the teaching of mental and motor skills by the mother, and the evidence she incidentally gave the child of her love, interest, and expectations for him or her, other family practices were found to be important. Prominent among these was the extent to which the family recognized the influence of the environment in shaping the child. To assess this factor, the project asked, for example: Are there books in the home? Does the family use the library? Is the child taken to the zoo, the museum, other places? When the child uses incorrect language, is he or she corrected? Does the family know how the child is doing in school? The answers to these and other questions were grouped into seven variables. For every one of the variables, there were differences, when the children were 6, between the mothers whose children were in the program and the mothers of children in the control group. The variable dealing with the extent to which the family took advantage of community opportunities for learning turned out to be a particularly potent indicator. Gordon is not sure that the differences between families with respect to this factor can be ascribed entirely to the work of the parent educators. However, when the children were between 2 and 3, the PE's did encourage the mothers to take advantage of the libraries' preschool story-telling hour and to use the bookmobile service.

In other work, Gordon and his associates have further demonstrated the importance of mother-child interaction. The subjects in this research were 128 mothers and their new babies from families below the poverty level. Mother-baby interaction was video taped a number of times, beginning when the child was 3 months old, and tests of infant intelligence were administered at the age of 1 year. The outcome: Children whose mothers talked *with* them rather than *at* them, who gave them interesting things to do, and who encouraged them to stay with an activity were more likely than other children to score well on the tests.

Gordon points out that the findings of his studies are similar to those of other investigators, both in this country and abroad. "The role of the caring adult—I don't want to limit this to the mother—in providing intellectual stimulation, security, and a loving relationship," he says, "seems to make a fundamental difference." More than any other single factor, he believes, such a person's influence early in a child's life, or the lack of such influence, helps determine not only intellectual competence but also emotional strength and mental health.

Also important were the mother's attitude toward the project and her view of locus of control—that is, whether or not she thought a person could influence what happened to her, or to him. The better her attitude when the child was 3 and the stronger her belief that she had some control over events, the more likely her child would score well on the IQ tests at the age of 6.

That's for the children as a group. Sex made a difference. The best predictor in the case of the girls was the extent of the mother's education. With boys, the best predictors were the mother's satisfaction or lack of satisfaction with her appearance and her social relations, and also her attitude toward the project.

Changes in the Mothers

When the University of Florida team was planning the original project, Gordon hypothesized that one of the results would be an increase in the mother's sense of personal worth. Psychological tests given at the end of the intervention, when the children were 3, did not confirm the hypothesis. But interviews with the mothers when the children were 6 suggested that the project had indeed brought changes. Compared with mothers of the controls, significantly more of the mothers in the project were married; had gone back to school or taken adult-education courses; had moved into better housing; were holding a better job; and were involving their children in neighborhood or community activities. And significantly more of these mothers wanted their child to finish high school at least; thought that the child, when grown, should make his or her own choice of occupation; reported that their child was doing better academically than other children; and said that their 6-year-old was teaching other children in the family things he or she was learning in school.

"To do something with parents, to involve them in some way," Gordon observes, "is becoming part of the general thrust in childhood education."

There were other hopeful findings when the children were 6. Mothers who had been in the program all 3 years saw themselves, compared with mothers of control-group children, as significantly more involved with their children's development and learning; more engaged in self-enhancement; more aware of the child's individuality; and more achievement-oriented and upwardly mobile.

The investigators infer that the mothers in the program for 3 years have higher self-esteem and a greater sense of managing their own lives than mothers of control-group children. Mothers whose children were in the project for 1 or 2 years only were significantly better than control-group mothers on only some of the factors listed.

As an important incidental result, Gordon points to the paraprofessionals who worked as parent educators. "If you want to see what happens with the development of self-concept," he says, "you should look at that group of women. They're proud of themselves, they've grown, and they've sought additional schooling." Two are getting their bachelor's degrees at the university. Many are working at a large institution for the mentally retarded.

The project has had a wider effect as well. A number of community mental health centers in Florida are developing intervention programs, with the emphasis on visiting the homes of infants; also, the State legislature has called upon each school district to involve parents in the educational process. Further, Gordon's ideas and those of half a dozen other investigators working along similar lines are being applied in a number of communities across the Nation as part of the Follow-Through Program. "To do something with parents, to involve them in some way," Gordon observes, "is becoming part of the general thrust in childhood education."

Now the project will backtrack. It knows which children have been identified by the schools as emotionally disturbed and which ones have been assigned to classes for those who have fallen behind. It will now look at what these children were like earlier.

The project will also investigate the persistency of nonpersistent behavior. This much is known: The nonpersistent and impulsive children in the home learning centers—meaning the youngsters who tended to wander around and not focus on any one activity—were likely to have a lower-than-average IQ score at 3. But this relationship did not hold at 6. Since Gordon views persistence as a highly important characteristic from the standpoint of both achievement and mental health, the children are being rated on this quality by their third- and fourth-grade teachers, who do not know which students were in the project and which were not. When the ratings are completed, a computer search will determine whether or not lack of persistence today is related to the same characteristic years ago, when the children were between 2 and 3.

Class Differences in Childrearing

With respect to the quality of childrearing, the investigator emphasizes, the population under study proved to be heterogeneous. The typical mother in the study does less well than the typical middle-class mother in teaching language, in interacting with the child, in getting the child to read by her own interest in reading, and in taking advantage of community facilities. But there were some families among those studied that did these things very well and others that did them scarcely at all. "In a middle-class population," Gordon says, "the average would be better, but there still would be parents doing a very poor job."

Why the difference? "One of the clues," Gordon answers, "comes from Mary Ainsworth's work with middle-class families in Baltimore. She was studying the responsiveness of the mother to her children, which is generally held to be an important part of parenting. She found that 43 percent of the mothers were not responsive. A child would cry, and they'd just let him or her cry; another child would ask for something and simply be ignored."

Similarly, in Florida, parent educators who had been visiting the homes of university professors in connection with one of Gordon's studies reported that in some of the homes something was missing. Gordon quotes a typical comment: "Well, first of all, the kid has a room of his own, and he's got toys, and he's got this and that. But I don't see much going on in terms of a love relationship. I visit in our homes, and the kid may not get enough to eat, and he doesn't have privacy, and maybe he is physically punished. But I also see some *warmth*." The investigator adds: "I think all of the families in this country are in trouble in some way. All need support of one kind or another."

He gives another example. "Middle-class families call us up about being involved in a new project, and we tell them, 'We're going to be taping you until the child is 1, and we'll need both mother and father that whole year.' Then we've had the mother or the father tell us, 'Well, we're only going to stick together until the baby is born.' They know that already, and the father may even be into natural childbirth with the mother. What's going to happen to that child?" He adds: "We can't take such couples, of course, so we're going to have a somewhat skewed sample, the skewed sample comprising what we used to think of as the conventional family."

IDEAS FOR A PROGRAM OF PREVENTION

If Gordon were doing the study again, he would begin with a prenatal program—simply because he thinks that the earlier you can get to the parents in helping them understand children, the more you can influence them. Also, he would put more emphasis on helping the parents to understand "the affective domain"—the world of the emotions—and how it influences health and behavior and to recognize the difference in temperament from child to child. "We know from the works of Thomas, Chess, and Birch in New York," he points out, "that babies can differ on a number of dimensions of temperament. For example, some babies need to be fed every 4 hours and some every 2; some babies sleep more than others; some sleep more in the day than others and are up more at night. Brazelton finds much the same thing in Massachusetts. The differences seem to be constitutional, yet in the information given mothers about childrearing they have often been ignored. And mothers who have had experience with, or been given information about, one or two types of babies may be quite unable, without guidance, to adapt their expectations to a different type. We have to help parents know about their child's activity rate—for example, know about their child's openness to the environment, know about their child's sensitivity."

Gordon would also place greater emphasis on the process of interaction between parent and child and on helping parents learn to be more responsive to the child. "Responsiveness," he notes, "takes a certain level of parental self-esteem, self-assurance, and comfort. It also takes a certain level of support from each parent for the other parent."

The problem with putting such ideas into effect, Gordon points out, is that they are not simple, so the effort might not be cheap. "Yet the tenor of legislation is to look for simple, cheap, and fast solutions—and there are none."

He feels strongly about finding ways to strengthen the ability of parents to develop competent and mentally healthy children on their own. So he is not looking for "solutions that institutionalize children early—that extend school downward to the earliest years as an institution. Rather, I'm looking for ways to develop supportive services that enable families to do better than they can do now."

The investigator points to several trends that make it difficult for families to survive. "How can we put the burden for childrearing on the family," he asks, "if the society is organizing itself in a way that makes it impossible for a family to carry that burden? What are we really doing with the mental health of parents when we say, 'You're responsible for raising your kids, but if you want to succeed in business, you've got to move'—as in the case of a man I met just the other day, 14 times in 17 years–to go up the corporate ladder? What are we doing to that family? Or to a welfare family when we say to the mother, 'You're a horrible woman because you're not working, but we're going to pay you so little that you cannot hire an adequate babysitter to care for your child, and we are not going to set up adequate day-care services.' What happens to her child if she works?

"I think we have to look beyond education and beyond mental health to the larger picture. For instance, North Carolina is developing a large-scale testing program of 4-year-olds, to uncover children with problems. But once the problems are uncovered, there is no system to do anything about them. Again, we're putting money—through the National Institute of Mental Health, the Office of Child Development, and other agencies—into early diagnosis, but we have no system to treat the children once they have been diagnosed. We really ought to sit down and get a more synthetic—a more comprehensive—view of what the whole thing is about. Basically we need a program of prevention."

As a major part of a preventive program, Gordon would get adolescents involved with young children. "The American high school is in terrible trouble," he says, "because so many of the students think that what they're learning is irrelevant to where they're at and because there is no longer a productive role for an adolescent in American society. It used to be that a boy or girl could get a job at 14, or even earlier, but not now.

"So we have this need for day care, and we have this need for giving adolescents a productive role. We can meet both of these needs to a considerable degree by setting up a child-care program in a junior and senior high school framework. Adolescents would then not only be performing a productive role but would also be learning what is involved in taking care of a child.

"Then a 13-year-old girl might say to herself, 'My goodness, look what it takes to really raise a kid properly,' and she might then think twice about having her first illegitimate child. Maybe not, because there are all kinds of peer pressures on her. But the experience of caring for young children as a part of her schooling will certainly have some influence on how she goes about caring for her own children."

Gordon points out that the Office of Education and the Office of Child Development fund a program called "Exploring Childhood" that includes academic work in child development and also some field experience but, he says, the program is too small. He advocates the establishment of good day-care programs in connection not only with schools but also with industrial plants and government agencies, places where many women with small children work. "An increasing number of women with children under the age of 3," he points out, "are going into and staying in the work force. So, in the interest of prevention, we've got to do something to help those children have good care and to help those mothers supplement and complement that care—through what they do with those children at home in the evenings and on weekends."

Gordon rates many of the existing day-care programs as very poor, "because a good program costs money and also because many women don't understand the importance of a developmental program," which seeks to help children develop their innate abilities. "Many women are simply concerned with *garaging*—with knowing that their child is being fed and changed. They don't understand that the whole area of interaction, stimulation, and attention is highly important."

EFFECTS OF CHANGES IN THE TEACHING STRATEGIES

In a separate project, the University of Florida team set out to answer, among other questions, (1) whether people who were better qualified educationally than paraprofessionals would get better results, and (2) whether it was more effective to work through the mothers or directly with the child. There were 128 families, plus 30 controls. Half the parent educators, like those used in the first project, were women who had graduated from high school. The others, considered professionals, were college graduates who were studying for a master's or a doctor's degree in education or psychology.

When the children who had received the workers' direct attention were compared with those whose mothers had received it, no differences were found at age 1, when the project ended. Nonetheless, the mothers who had received the direct attention were judged to be better teachers than those who had been simply onlookers of the activities with their children.

As for the professional-paraprofessional issue the families accepted the professionals and paraprofessionals equally well; the professionals seemed to be more effective than the paraprofessionals in working with the mothers of girl babies and to be as effective as the paraprofessionals with the mothers of boy babies; the professionals were considerably less effective than the paraprofessionals in working directly with boys. In any further studies, Gordon would stick with the paraprofessionals because the work of a parent educator "is a meaningful social job that can be taught to people without advanced education."

"PING-PONG," PERSISTENCE, AND PROFESSING

Associated with high scores on developmental tests at the end of the child's first year, particularly in the case of girls, was a behavior labeled "ping-pong." The investigator describes this as "a you-do-something, I-do-something, you-do-something, back-and-forth activity between mother and child. The mother elicits, the child responds, the mother elicits or corrects, the child responds, the mother elicits, and so on." The activity came to light when video tapes of sessions among parent, child, and parent educator were analyzed. Some of the mother-child pairs often engaged in it even when the child was only 13 weeks old, which was at the start of the study; others at that time engaged in it rarely, or not at all. Since the parent educator encouraged mothers to be aware of and respond to their babies' activities and vocalizations, this interaction gradually increased in all the homes. Beginning at 25 weeks, there was a consistent relationship between "ping-pong" activity and test scores at 12 months.

A characteristic labeled "persistence" also was found to be important. The parent or the parent educator would start the child on some activity and then step back. The longer the child continued with the activity, the higher his or her score on persistence and, on the average, the greater his or her developmental score at the age of 1. "We've been trying to get teachers to do this for a long time," Gordon says, ". . . to show the child how to do something and then step back and let him or her do it. It's interesting to find that persistence makes a difference even during the first year of life."

Another positive pattern was *mutual gazing*, or eye-to-eye contact between mother and child as recorded a number of times during the first year. The amount of *brief* mutual gazing (between 1 and 3 seconds) at 19 weeks was positively related to language development at 52 weeks in boys. The amount of *prolonged* mutual gazing (over 3 seconds) at a number of points during this 1-year study was positively related to scores on other developmental test items at 52 weeks, but again only for boys.

A negative pattern turned up as well. Gordon labeled it "professing"—"talking at, followed by talking at, followed by more talking at the child without being really tuned in to him or her." It seemed to be more characteristic of parent educators who were at the professional level—those with a master's degree—and who were working with boys. These boys on the average had lower scores at the age of 1.

EFFECT OF SEX DIFFERENCES

Recently the Florida team started work on a new NIMH-supported project to investigate differences in the relationships of parents to their children during the first year of life. The differences are expected to vary both with the sex of the parent and with the sex of the child. The team's earlier work, Gordon points out, seems to show that the mother's view of herself has greater influence on boys than on girls, while the teaching relationship—the ping-pong activity—seems to influence the girls more than the boys.

The new project is confined to middle-class families with their first child—40 with a recently born boy and 40 with a recently born girl. The hope is to uncover some basic processes of parenting that influence a child's mental health and that can be taught to prospective parents.

WORKING TO GET PARENTS INTO THE SCHOOLS

In addition to directing the projects described to this point, Gordon heads a team of 15 faculty members and a number of graduate students, all from the University of Florida, that has helped to institute and guide the Federal and State Follow-

Through programs in 11 communities in 10 scattered States. Included are Jacksonville and Tampa, Houston, Chattanooga, Richmond, Philadelphia, Yakima (in the State of Washington), and one small community each in South Carolina, Arkansas, Indiana, and Wisconsin. Teams from other universities work in other communities. Follow-Through, a followup of the Head Start program, is concerned with children from kindergarten through third grade.

In the intervention projects for very young children, Gordon and his associates were, in the main, training parents to be teachers in the home. In the Follow-Through projects, in addition to increasing parents' skills as teachers of their own children at home, they are introducing parents into the school system as volunteers, observers and learners, and home visitors. They are trying to get the parents involved also in such decisionmaking processes as those concerned with the school system's program and budget. "With such activities," Gordon says, "the school becomes a humane place where people can talk with one another rather than a bureaucratic operation where everybody is at a distance."

Gordon explains why he likes to see parents working in the school. "The more the parents feel that they have some control over what's happening to them and their child, I think the more effective parents they can be. Parents have been told by school people for many years—maybe not in so many words—that they don't know anything about education, so they should keep their hands off. When that trend is reversed, I think the parent gets a feeling of self-worth that is extremely important. Also, I think that very often parents feel that the school is an alien place and that the teachers are getting paid for not doing anything much. When a mother goes into the school and starts to work, though, she gets a different appreciation of the teacher's job and comes to see her or him in a new light. And the teacher begins to see the mother in a new light. When home and school develop a common view, the beneficiary is both society and the child."

A recent report of Follow-Through achievements in the cities for which Gordon is responsible showed that a surprisingly high proportion of parents had volunteered to help teachers in the classroom. The rate ranged from 27 to 96 percent of the families sampled.

Problems have arisen, to be sure. "There are some teachers who say, 'I don't want anybody in my room,'" Gordon notes. "And there are some parents who say, 'Why should I go to work in the school? I'm not a teacher; I wouldn't know what to do.' So we try to begin at the lowest level of agreement. The teacher may say, 'Well, if that mother wants to come and watch how her kid's behaving, okay—she can come.' So we start there. If she says, 'Well, if she wants to help me fix a bulletin board, I'll tell her what to pin up,' we'll start there. We start wherever the two of them feel they could be comfortable with each other and gradually try to move them toward higher levels of work."

The paraprofessionals—the parent educators—have helped the process by talking to teachers about the activities the mothers have learned and suggesting that mothers be invited to demonstrate these in the school.

Gordon calls the Follow-Through program "the best concept the Government has ever had for intervention with school children. Before this program, the Government would give money directly to the school system, with the result that when the money died, the program died, too. Or the Government would fund scholars to develop ideas, with no way of getting the ideas into the real world. In Follow-Through, in contrast, a group of university people with ideas have been tied together with a group of local school systems, and both have worked hand in hand in developing, implementing, and evaluating changes." At the beginning, the Florida team—through which Federal support is channeled—bore responsibility for the programs in its 11 communities, but the team has gradually disengaged itself, and the programs are now mainly in the hands of the local school systems and parents. Most of the systems could go ahead on their own, Gordon believes, even if Federal support diminished.

As an example of what has happened, this investigator cites the Follow-Through program in Yakima, Washington, where the public schools are served by more than 40 parent advisory boards. Many of the boards are concerned with curricular and extracurricular activities at individual schools; fifteen deal with vocational guidance; others serve specialized programs, such as the one for the education of migrants.

Moreover, from September to February of a recent school year, parents contributed more than 14,000 hours of school-related work. Parental activities included helping students overcome scholastic troubles, advising students with other problems, and assisting in such activities as a book fair. During the same period, school personnel made almost 11,000 home visits to discuss educational opportunities and problems with parents and children. Conferences with the parents of all elementary students are held twice a year. A score of Parent-Teacher-Student Associations have been organized.

The school district's Career Awareness Center lists more than 850 community resource people who have volunteered as classroom speakers, conductors of field trips, and occupational advisors. The center handles 350 requests a month from students and teachers.

To increase communication between the home and the school, the high school has instituted the Guide Teacher Program. Each guide teacher is assigned 30 students, who are counseled at least once a week, on a one-to-one basis, concerning academic, personal, and career questions. Before school opens in the fall, guide teachers visit each home. "One guide teacher to 30 students," said the high school in announcing the program, "is much better than one guidance counselor to 400 students."

IN THE INTEREST OF A COMPETENT AND MENTALLY HEALTHY CHILD

In view of Gordon's experience with children at risk and their parents, what would he tell someone who asked, "What can I do to help make sure that my baby will be of good emotional health and have a sound mind? What can I do to help prevent emotional maladjustment or underachievement?"

Gordon responds: "The first thing I would say is, 'Relax and enjoy your child. Don't get anxious. Realize that over the years you will probably make a variety of mistakes but that what gets communicated to the child is not the trauma of any specific act of yours but your own overall attitude.

"'Sit down with your partner and talk openly about what the two of you think is important, what your hopes and expectations for a child are, how you think a child should behave. One thing that gets kids into trouble is differential behavior by the parents—when one parent allows and the other parent disallows.

"'The first things a child needs are order, and continuity, and security. This means that you and your partner have to have some areas of agreement on how to raise this child. Authorities by and large do not agree that there is only one right way to raise a child. But they do agree that the child should not be subjected to varying types of rearing. And they do think, with reason, that a completely chaotic, permissive environment is destructive. There must be some rules, there must be some regulations, there must be some standards.'

"The second thing I would say is: 'You need to develop some sensitivity as to the individuality of your child and not hold him up against some external norms. You'll hear a good deal, if you talk to authorities on child development, about the importance of stimulation. You need to realize that the most stimulating thing in a child's environment is the adult—not a toy, not a mobile, not a fancy crib, but interaction with another human being. Piaget says that the most interesting object in the child's world is the mother. I would say that the father is just as critical.

"'If you choose to have a child, both of you must set aside some portion of the day—even if you are both working—that belongs exclusively to the child. You don't have to put it on a schedule. You don't want to say: "Now, kid, it's 5 o'clock. I'm going to interact with you until 5:15 and then go have my martini." That child sometimes needs you more than he needs anything else. If you're going to have a child, that's your first obligation.

"'Even if one of the parents is home, the child doesn't need constant care. You don't have to be bothering him 24 hours a day. Some people used to say that the Israeli kibbutz—a communal settlement—would destroy the family. But it has been shown that a child of the kibbutz is just as much attached to the parent as other children are. That's because a part of each parent's day is the child's time.

"'Of course, if the parent is home during the day, the interaction—the fun, the play, the dialogue—may be at odd moments: 2 minutes here, 5 minutes there, 30 seconds somewhere else.

"'Another thing to realize is that you cannot separate—if you are at home—child care from child development. This means that while you're changing a diaper, for example, you have an opportunity to look at your child's face and smile. While you're dressing a child, you can rub a tummy. While you're feeding the child, you can talk. These are not simply physical care times; they are also learning times. The things to do are simple, yet they are important to the child's emotional and intellectual development—and they don't require any extra time.'"

Gordon adds: "Those are the sort of things that typically the lower-class mother does not do. And they are increasingly the sort of things the middle-class mother does not do either."

For instance, Gordon finds middle-class parents more and more interested in books on basic child development. He attributes this to a number of factors, such as the increased isolation of young people from their own parents (who, it is presumed, would have some folk knowledge concerning babies to impart to their own offspring), and also to the fact that many young parents have never handled infants prior to having their own. Given such isolation and inexperience, they turn to the professionals for guidance. While parenting may be in part good intuition, it appears from the work of people such as Dr. Gordon that it can also be given a substantial boost by appropriate, well-timed training. Such training may be vastly improved by the dissemination of understandable information as to how to provide such training.

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TRAINING FOSTER PARENTS

Principal Investigator: Patricia Ryan, Ph.D.

*Authors: Vivian R. Isenstein, NIMH, and William Krasner**

Foster parents are discussing a crisis in the life of a little girl in their charge—a crisis that also deeply affects their own lives. The girl's natural mother has appeared after 4 years of absence and demanded that she have her daughter with her for Christmas. The social worker directed the foster parents to comply with the mother's request. When the natural mother came to get the little girl, the child, unable to remember her natural mother, was frightened.

> Foster Mother: Al, I'm so mad I could scream! Imagine the nerve of that social worker, telling us that Mary would spend Christmas with her mother. She's our baby—that hopheaded woman isn't fit to touch her!
>
> Foster Father: We've had Mary since she was 1 year old. We're her mommy and daddy and have been for 4 years. Where was her mother then! Remember how dirty, hungry, and scared she was when the social worker brought her to us? That social worker doesn't know what's going on. She's never seen how that woman acts.

The words are not spontaneous. The couple is reading from a script on the table before them. But the actors are real foster parents, and the situation has direct and immediate meaning for them and for the other foster parents who are listening attentively.

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*See note at end of chapter.

When the reading is over, the instructor calls for comments. Most of the foster parents have opinions. The majority are hostile toward the natural mother and the social worker. One man tries to take a broader view: "You have the child all year round and you'll have her back. Why can't you be generous enough to let her go for Christmas?" The others disagree. If the mother loved the child, she wouldn't wait 4 years to visit. If she loved the child, why is the child in foster care?

The foster parents move from comments on the script to real life problems and grievances. One woman is about to lose a child she has had for 1 1/2 years. According to another, the courts will take a child away merely at a natural parent's request. One complains that her social worker does not visit enough; another praises her social worker. All the members of the class have foster children and all have run into problems they would like to discuss.

This is a beginners' class and there is a great deal of ground to cover. The role of the social worker and her relationship to foster parents must be explored. The problems of the natural parents must be understood. The network of involved people—foster parents, natural parents, social workers, agencies—needs to be clarified since, in essence, they are all working toward a common goal of what is best for the child.

THE PROJECT

The script is used in a course given as part of Eastern Michigan University's Foster Parent Training Project, which is funded by the National Institute of Mental Health's Center for Studies of Metropolitan Problems. The class is composed of foster parents seeking to improve their skills for the unique job of taking care of other people's children. Part of the class format involves role playing the difficult situations which foster parents frequently experience and discussing how to handle them.

Requests for help from foster parents' associations led to the development of the Project by Drs. Patricia Ryan and Bruce L. Warren, both associate professors of sociology at Eastern Michigan University. They designed a program to equip foster parents in various Michigan counties with specialized skills to meet the needs of the children in foster care. According to Dr.

Ryan, "If any group of parents is justified in feeling the need for help, foster parents should be first on the list."

Many people love children and are willing to take them into their homes, even at considerable personal expense. It costs the State only a fraction of the cost of institutionalization to keep a child in a foster home. The U.S. Children's Bureau estimates that there is a yearly average of 350,000 children in foster-family-care homes. As some children move out of foster care, new ones enter. The quality of their experiences while in care depends largely on the foster parents. Dr. Ryan recognized that many of the families caring for foster children were not prepared to handle the children's special needs. She and her staff believe that foster children are the collective responsibility of the entire community, but that the specific needs of children are best met in a family situation.

Ideally, foster parents provide a family, home, and security for these children. Since all of the children have been separated from the only homes they know, they bear scars that other children generally do not. Dr. Ryan says, "Children blame themselves for what happened to them. Why did Mama die? Why did Papa go away? These events are seen as rejections; and the child feels he must have deserved them in some way . . . . It often happens that children seem to get along well in foster care until adolescence when the situation deteriorates. Foster parents, whose training enables them to handle a child's identity problems, can provide a home in which the child will not feel rejection and in which the normal developmental crisis of adolescence will not cause a secure placement to break down."

THE CHILDREN

Foster children are under the supervision of welfare agencies, public and private. Unlike orphans, most of these children cannot be offered for adoption (and thus given permanent homes) because their natural parents are still living and will not agree to release them. Society often helps families in crisis stay together, but it is reluctant to terminate the rights of natural parents to their children if there is any possibility the family may eventually be able to provide a suitable home for them. Many foster children remain in a kind of limbo of temporary care, with little hope of a reasonably quick solution.

About one-fourth of the national population of children living outside their families are in institutions and group homes. The rest live in foster homes. By definition, foster care is a temporary arrangement. But it may go on year after year—for some children home after home—until the children are grown. Dr. Ryan is opposed to this: "Something must be done definitely, and early enough, to give the child a permanent home before the damage to his feelings of identity and trust takes place."

THE TRAUMA OF SEPARATION

All children removed from their parents, even infants, experience separation trauma, although it may be manifested differently depending on the child's age and situation. Thus, children come to foster parents traumatized in ways that natural parents seldom see. If the children have moved from home to home, their traumatization may be compounded. Some children, after being continuously hurt, deliberately bring on further rejection by creating situations in a new foster home.

What these traumatized children need and are entitled to is a stable home. If the natural parents cannot provide it, adoption would be the ideal alternative. But law and custom make adoption difficult, even when the natural parents consent to such an action. When the natural parents are opposed to termination of their rights to the child, it may take many years from the time action is taken until the child is freed for adoption—and this time is a crucial period of the child's life.

In order to help the foster parents realize what the child is feeling, Dr. Ryan asks the foster parents to remember how it felt when they lost someone. Then, in order to better understand a child's behavior, foster parents are taught the various stages of separation trauma the child goes through. It is a form of mourning with several stages: First, the child protests and denies: "How could it happen? There must be some mistake." This is followed by shock and numbness. Then there is tremendous anger. The child lashes out and, in effect, cries "Why me?" The child blames the parent for dying or the doctor who said the parent was ill. At this stage, the foster parent may easily misunderstand what is happening. When the anger lets up, the child often sinks into despair. Finally, the child begins to accept the situation.

In addition to recognizing these stages, foster parents are helped to develop techniques with which to handle each phase. They are then able to help the children come to grips with their feelings about themselves and about their natural parents. The classes also teach the foster parents how to cope with the ambivalence that children develop as they become attached to the foster family and help to prepare the foster parents for their own feelings of separation when the child moves.

FOSTER PARENTING

Parenting is not instinctual. Regardless of the experience foster parents have had with their own children, they often find fostering very different. Few have had formal training in child growth and development. According to the Project newsletter, "Foster parenting is parenting-plus." Fostering may involve handling many children of many different ages at one time. (Michigan law allows foster parents to take up to four foster children at a time if they have no more than four of their own.) Foster parents may have children further apart or closer together in age than most families. The children arrive at times of crisis or under extraordinary circumstances. For example, Dr. Ryan tells of a foster family who was called at 2 a.m. and asked if they could take six children at 2:30 a.m. until some other provisions could be made.

Foster parents also have special pressures that normal parents do not have. They are under ongoing supervision. They have legal obligations to the agency, the natural parents, and the children. Although foster parents are reimbursed by State or local governments for some of the expenses involved, few receive full reimbursement for what they spend on the children. Michigan's reimbursement allowance is only 80 percent of what Federal guidelines estimate to be the amount required for expenses of a child on a moderate scale.

Dr. Ryan feels strongly that foster parenting is a job (like any other job) that requires training and formal status requirements. She says, "Foster families shouldn't be considered 'problem families' under agency supervision. Foster parents are really agency staff, providing a service as important as that provided by most professionals who deal with children . . . . For more effective service to the child, foster parents should be included in present and future planning . . . foster parent training should be viewed as in-service training."

Consequently, the Foster Parent Training Project not only offers single courses but also awards a specialized Foster Parent Certificate after completion of four courses or 80 hours of instruction.

In planning the Project, Dr. Ryan also took into consideration that foster parents, with jobs and with children to raise, need to be practical people; they must believe that the time in class is well spent. Therefore, class content must specifically address the problems these parents encounter; classes should be conveniently located so as not to waste travel time and be flexible enough to allow for family disruptions; and the Project should offer some reimbursement for babysitting and travel.

The Michigan Department of Social Services, in recognition of the value of such training, pays the tuition for foster parents supervised by their county agencies, plus $4 to each trainee for each session attended to defray transportation and babysitting costs. Some of the county juvenile courts and private agencies do the same for foster parents under their jurisdiction. Additional support comes from scholarships offered to foster parents by a few of the community colleges.

CURRICULUM AND COURSES

During the first year, courses were offered for 2 1/2 hours once a week, in 6-week sessions. Course schedules and sites were designed for maximum convenience of the foster parents, and class size was kept small, about 20-25 per class, in order to maintain a personal atmosphere. Instructors were carefully selected on the basis of their professional qualifications and their personal ability to work with foster parents; they were then given curriculum materials, course outlines, evaluation guides, and an intensive training program.

The trainees, most of whom had experience raising children and foster children, helped to determine class content and emphasis, either by request or by their responses to a questionnaire (excerpts in Appendix) administered before the classes started, or by trial and error while the classes proceeded. Feedback was encouraged and used to modify course content as the year progressed. "They may lack theoretical knowledge," says Dr. Ryan, "but they bring a lot of commonsense, experience, and concern to their jobs."

The first eight courses offered by the training program dealt with:

- Child development at all ages, both for ordinary children and for children with exaggerated behavior indicating emotional problems.
- Conditions and situations that lead to the placement of children in foster care, and what they mean in terms of future behavior and adjustment.
- The role of foster parents and the function of the agency in helping children.
- The consequences of separation trauma.
- How foster parents influence the child's behavior, both for short-term management and long-term growth.
- Specific needs of children with special problems: retardation, emotional and physical disabilities, problems of adolescence and minority status; what to expect from such children; how to handle and care for them.
- How foster parents meet problems in dealing with schools for ordinary foster children as well as those with special problems.
- Community resources available to the parents.

These courses were then altered, expanded, and modified as information and demand increased. By the spring of 1977, 20 courses had been developed: Issues in Fostering (Course outline appears in Appendix); The Three Families of the Foster Child and Their Role in His Emotional Development; Fostering Infants; Fostering the Pre-School Child; Fostering the School-Age Child; Fostering the Teenager; Guiding the Sexual Development of the Foster Child; Fostering the Mentally Retarded Child (I & II); Fostering the Physically Handicapped Child; Handling Lying, Dishonesty, and Destructive Behavior (Course outline appears in Appendix); Fostering the Child with Emotional Disturbance (I & II); Fostering the Battered and Abused Child; Communicating with the Professional; Working with Natural Families; All Under One Roof; Human Developmental

Stages; Legal Aspects of Fostering; and Planning and Assessing for Your Foster Child.

When foster parents expressed difficulty understanding and relating to the natural parents, the social worker, or the foster child, content and material were again modified to meet these concerns. Foster parents learned that:

The world as they know it is not necessarily the one which the child perceives. In order to help the child, they must learn something about his world. For instance, what are the "Three Families of the Foster Child?" The first is his natural family. The second is the foster family with which the child lives. The third is the child's fantasy. The fantasy family may start as a make-believe family but, as time passes, the child comes to believe in the reality of this family. They may even tell their classmates about this family so they will not be considered different. The fantasy family is a glamorization of the natural family: The father who has stopped drinking and will soon bring the family together again in a new house; the mother who sends many presents and will soon come for the child. Without knowledge of the child's fantasy family, foster parents may fail to understand what lies behind the child's behavior and make wrong judgments or otherwise respond inappropriately. What appears to be simple lying may sometimes be better understood as confusion about how it actually is and how we would like it to be.

Some foster children have problems that require special care and understanding—physical handicaps, mental retardation, emotional disturbances, and adolescent crises. Special courses train foster parents to work with these children as an alternative to institutional placements. Foster families learn how to work with these children and learn about community resources available to such children. They learn how to assess the child's needs, the child's progress, and how to develop plans to help them grow and develop. They learn how to work cooperatively with other professionals to assure that the child has the best possible care.

BEHAVIOR PROBLEMS

To understand a child's behavior does not necessarily mean to accept or condone it. While the classes try to shift the emphasis away from rigid codes, they also teach foster parents how to handle behavior that hurts the child, hurts others, is illegal, or causes trouble. As Dr. Ryan states, "A child can't be allowed to throw himself downstairs repeatedly. He or she can't be allowed to swallow a whole bottle of aspirin. We can't let one child attack another with a hammer. Our trainees have had children who did all these things."

The foster parents must discover whether their attitudes and standards are consistent . . . .

Destructive behaviors are distinguished from the cautionary ("yellow light") or the permissible ("green light") behaviors and are accordingly called "red light behaviors." If the foster parents cannot control these behaviors, they must get outside help.

But all behavior must be evaluated in context. For instance, should a child's calling some other child dirty names always be under absolute prohibition? Says Dr. Ryan, "Although verbal abuse is not condoned, it may be an improvement over the child's former practice of physically attacking others. Thus the foster parents can focus on teaching the child more appropriate ways of handling anger. Another possibility is that a child may have been exposed to such language in his natural family and may not understand that these words are offensive to others."

One of the most popular courses is "Handling Lying, Dishonesty, and Destructive Behavior." A close examination of this class exemplifies the Project's approach to other courses. The foster parents learn to ask, "Why might a child behave like this? Why does this behavior upset me so much? How might I be contributing to the child's behavior? How might I teach the child more appropriate ways to behave?"

The parents are asked to list the reasons they think a child might lie. Are there any reasons why foster children might be more apt to lie than other children? What about wish-fulfillment? Could some of them have learned to lie in order to make their way in an unusually difficult world? What about the lag in development that might occur in children who are under pressure?

What about stealing? Are foster children more likely to steal? Could stealing objects be a substitute for other needs that are not fulfilled? Could children who own so little have different ideas of property rights? The foster parents explore their own values and attitudes with the aid of questions such as: "Your foster child finds an expensive toy car in the school hall. He brings it home. Permissible? Not permissible?"

The foster parents must discover whether their attitudes and standards are consistent—do they apply equally stern standards to themselves? "You find an expensive watch in the elevator at work. You take it home, but don't wear it at work. Permissible for me? Not permissible for me? Community would disapprove?"

Toward the end of the course manual there is a skit about lying and stealing. It casts two foster parents with two children of their own (J, a boy, and K, a girl) and two foster children (A and B, both boys). A is 15, bright, talkative, likable, and eager to please; but this foster home is his fifth. B is younger and more docile; this is his fourth foster home.

Someone has been taking family possessions, and the father decides that the time has come for a family talk. A responds brightly that in his other foster homes people used to steal a good deal from him because his natural mother, a famous opera singer, would come in for whirlwind visits and give him wonderful gifts from all over. He explains why he has no pictures of his parents—they too were stolen.

K likes A, but, becoming irritated, says that A has been telling similiar stories at school, and it has become embarrassing. The father reprimands K, but he also reminds A gently that he has spoken to the social worker about the mother and knows the truth. A becomes quiet. They go to the living room to continue the discussion. The wood for the fireplace is low, and B, who is normally quiet, suddenly volunteers to get the wood from the garage, insisting that he will do it alone. Curious, the father follows him and finds a paper bag with the missing articles in it.

The boy at first denies stealing; then he asks if the foster parents are going to send him away. "That's what they always do . . . send me away." The boy begs him not to tell the others.

But the foster father insists that families cannot hide things from one another, even unpleasant things. They do not hate him; they will not send him away. Nothing serious need happen. But they are hurt, and they do hate stealing. "We will have to do some very serious talking."

The foster parent has been gentle and reassuring. But he has let the boys know that lying and stealing are not acceptable. In a warm, secure home perhaps such behavior won't be necessary. When children lie or steal, they are trying to say something, and foster parents should be prepared to hear the message they are sending.

"What we are trying to say to the foster parents is that many of these children have had a rotten break, but you can still help the child have a good growth experience." But, Dr. Ryan insists, the foster parents must really listen to the child, to hear what he or she is trying to say, whether with words or actions. "When a child asks why the natural mother doesn't visit, he may really be asking, 'Does Mama really love me?' Foster parents shouldn't raise false hopes, but neither do they have to belittle the natural parents."

GROWTH AND DEVELOPMENT OF THE PROJECT

The first training site was set up at the Center for the Handicapped, run by the City of Detroit Department of Parks and Recreation, where a chapter of the Foster Parent Association was already holding regular meetings. The location was advantageous since it was convenient for the majority of potential trainees on the east side of Detroit.

Lists of foster parents licensed by the Wayne County Department of Social Services were obtained. Questionnaires were sent out. Those in the eight zip-code areas closest to the site were sent invitations to attend the first class. Although foster-parent participation is voluntary, a pattern developed that was to be repeated with each expansion of the program: The response—testifying to the extent of the need—was greater than anticipated. Instead of the single class that had been planned, two classes were started on November 6, 1974. Thirty-six students with a broad range of backgrounds enrolled: The mean age was 50 years, the mean educational attainment was 11.4 years, and 90 percent were black.

Discussions with both parents and workers made it clear that the parents were primarily concerned with two major areas: How to parent the children and how to handle—or work most effectively with—the agencies. The first two classes concentrated on these areas.

When this first group of trainees was questioned about what they thought of the training after completing the introductory courses, a majority found the classes "very interesting." Only 3 percent responded "not very interesting," while 87 percent felt that they could do "a much better job" as foster parents as a result of the training. Nevertheless, 25 percent said they would not take the classes next term because of the pressure under which they operated.

However, when invitations were sent out again to westside Wayne County parents for introductory classes to be held at the St. James United Church of Christ at Dearborn, more people applied than had been expected. Instead of the two classes scheduled, three were started in January 1975.

It was decided very early to keep the presentation of the material flexible by developing modules—two classes together—that could be combined into any arrangement that might seem most beneficial for a particular group at a particular time and for an instructor with a particular style. The instructor was to lead, never to dominate. There was to be little reliance on lectures. The foster parents would learn from one another, or together, with the instructor acting as a resource person, moderator, or group leader.

Drs. Ryan and Warren consider it vital that the instructor develop class procedures which enable foster parents to feel comfortably open with one another. To accomplish this, the first session of each course includes what is called "unfolding." Each person, starting with the instructor, introduces himself, then gives personal information and relates personal experiences that might have special meaning for other foster parents. An instructor who was a foster child, or is a foster parent, can strike an immediately responsive chord.

New courses were developed to be used for workshops at the Third and Fourth Annual Foster Parent Education Conference in 1975 and 1976. The Project staff was invited by the Michigan Foster Parent Association to participate. The conference workshops turned out to be especially valuable as both a source of new ideas and as a testing ground. They allowed identification of new professionals who could be recruited and trained for the program and were a mechanism for disseminating Project information to a statewide audience. Thus, the workshops contributed importantly to the development of new courses and sites.

During the spring of 1975, new and more accessible sites were chosen for Wayne County, and one site was established in adjoining Washtenaw County, even though there is no foster-parent association there. In the fall of 1975, two sites were added in Genessee County. The Project has continued to grow, adding new material and offering classes over a wider geographical area. Funds from the State of Michigan Department of Education, under Title I of the Higher Education Act, allowed expansion into 15 additional counties in southern Michigan.

By the end of 1977, classes were being offered in 24 counties in cooperation with Michigan's community colleges. This is viewed as the beginning of a statewide program to provide foster-parent training to all of the foster parents in Michigan. By December 1977, it is expected that 1,500 foster parents will have received over 12,000 hours of instruction from over 70 instructors. More than 150 foster parents will have earned their specialized Foster Parent Certificate.

Presently, two half-time field coordinators locate future training sites and potential instructors. They also meet with agencies and foster-parent associations to discuss proposed classes and to obtain information about specific needs in each location. For instance, they recently had to cancel classes in three of the more rural counties when they started too late in the spring and interfered with the planting season. They also ascertained that daytime classes were unpopular in rural and small metropolitan areas and rescheduled them for evening.

The Foster Parent Training Project has an Advisory Board, composed of foster parents from each of the areas served, which meets bimonthly at Eastern Michigan University to review new programs and make suggestions concerning future policy decisions. The Project also publishes a newsletter, *Fostering Ideas*, to keep foster parents informed of new occurrences. Several workbooks, course outlines, and manuals have been completed; these materials are distributed in draft form to encourage constructive criticism from users in order to reshape them into more effective materials. As time allows, staff members are available to discuss the materials with interested groups or to lead workshops on selected topics.

As Dr. Warren, the Associate Director, says: "The program has demonstrated that an extensive curriculum can be presented over a wide geographical area . . . when cooperation and coordination exist among a university, several community colleges, numerous public and private child-welfare agencies, and foster-parent associations."

Plans for 1977-78 include continued expansion of the Project, with the eventual goal of bringing classes within the reach of every foster parent in Michigan, thereby affecting the lives of many thousands of foster children in the State.

The Project expects to reach the following goals:

- A self-supporting training program available to all foster parents in Michigan throughout the academic year.
- Establishment of a Professional Foster Parent Certificate recognized by child welfare agencies.
- A detailed description of the procedures leading to certification as a Professional Foster Parent.
- A detailed evaluation of the program for use by agencies in other States.
- Training materials and guides such as workbooks, readers, and other aids for use in foster parent training projects.
- Dissemination of curricula, bibliographies, techniques, and other materials through conferences, workshops, newsletters, speeches, and journal articles.
- Special training for foster parents of physically and mentally handicapped children that would equip them to perform as full-fledged members of agency teams dealing with the problems of such children.

It is expected that once the statewide program is operating, the Project will be supported by State and agency funds. At that time the Foster Parent Training Project of Eastern Michigan University and its directors believe that their main function will be to provide resources, coordination, and guidance. Financial resources will be needed to provide six statewide coordinators to ensure that things continue to run smoothly and to maintain standards.

The Foster Parent Training Project demonstrates the feasibility of providing comprehensive training and support for foster parents. Eventually, it is hoped, the Project will serve as a model for the training of foster parents on a nationwide basis.

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Appendix

The survey form that is used to identify areas around which classes are developed is too long to include in its entirety. Short excerpts of sections illustrate the types of information sought.

Two course outlines used by project instructors in training foster parents are included to show how fostering skills are promoted.

FOSTER PARENT ATTITUDE SURVEY

Please read the following questions and put a checkmark next to the answer that comes closest to expressing your feelings. This is not a test but we will find it helpful to know how the people in the class feel about foster parenting and the areas in which they would like more information.

Foster care is necessary because the natural parent is totally inadequate to care for the child.
______ Always true ______ Usually true ______ Almost never true

Maintaining contact between the foster child and his natural family assists the child in knowing himself.
______ Always true ______ Usually true ______ Almost never true

Most foster children should not return to their own home.
______ Always true ______ Usually true ______ Almost never true

Developing self-worth in the foster child is the single most important task of the foster parents.
______ Always true ______ Usually true ______ Almost never true

A foster child's misbehavior is an indication that he doesn't like his foster family.
______ Always true ______ Usually true ______ Almost never true

There is no good excuse for a child's breaking things in anger.
______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

Children who take part in sex play become sex criminals when they grow up.
______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

There is no reason parents should have their own way all the time, any more than that children should have their own way all the time.
______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

Adopting a foster child allows everyone to forget that he once had another family.
______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

Once a child starts on drugs, there is no hope for him.
______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

Foster children have to learn that they cannot have the same amount of clothes and toys that the natural children in the family have.
______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

A child with a bad background is likely to turn out like his natural parents no matter what anyone does.
______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

It is up to the worker or agency to determine if a foster child needs counseling.
______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

Childhood stealing is very likely to lead a child into a life of crime.
______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

A child should never lie to his foster parents.
______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

Unless a child has a physical problem, wetting his bed is a sign of laziness.
______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

Foster children should be grateful to the family that cares for them.
______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

Foster children who have been sexually abused are a bad influence on the natural children in the family.

______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

Running away from a foster home is a sign that the child should not be returned to that home.

______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

Foster children usually need more rules than natural children do.

______ Strongly agree ______ Agree ______ Disagree ______ Strongly disagree

Connie's foster parents took her to the doctor when she suddenly became ill. The doctor said her appendix must come out in a day or two. What should the foster parents do?

______ Agree to surgery ______ Call Connie's parents
______ Ask friends for advice ______ Call social worker

After not visiting for a long time, Johnny's mother phoned unexpectedly. She wants to see him today, but the foster mother has made other plans. What should the foster mother do?

______ Call her caseworker about the matter
______ Refuse to allow Johnny's mother to visit
______ Allow Johnny's mother to visit
______ Other: Explain ______________________________

Who do you think should take the most responsibility for handling the foster child in the following areas?

Talking to the teachers when the child is in trouble at school.

______ Social worker? ______ Natural parent?
______ Foster parent? ______ Someone else? Who? ______________

Buying clothes for the child.

______ Social worker? ______ Natural parent?
______ Foster parent? ______ Someone else? Who? ______________

Deciding which church the child should attend.

______ Social worker? ______ Natural parent?
______ Foster parent? ______ Someone else? Who? ______________

We know that children are different but would like you to think of the age at which you can usually expect a child to do certain things.

For instance, at what age would you expect a child:
To be able to sit up by himself? ______________________
To start walking? ______________________
To stay dry during the day? ______________________
To feed himself without too much mess? ______________________
To stop soiling his pants? ______________________
To stay dry all night? ______________________
To play in front of the house or
on the block without constant supervision? ______________________
To cross streets alone? ______________________
To be able to take a bus by himself? ______________________
To be able to count to 10? ______________________

We would like you to think about some of the problems you have as a foster parent. Let's start with the social workers: What are some of the problems you have with them? (Getting to talk with her; getting help from her; bringing or removing children unexpectedly; understanding needs of child, of parent; making unreasonable demands.) ______________________________

____

____

In the last year, how many different social workers have you worked with? ______

Would you say that your relationship with most of these workers has been generally very satisfactory, satisfactory, unsatisfactory, or very unsatisfactory? ______

About how many contacts have you had with natural parents in the last 30 days?

______ By phone
______ In your home
______ In the home of the natural parent
______ At the agency office
______ Other

Is it easier to be a foster parent or a natural parent?

______ Foster parent ______ Natural parent

Please explain: ______________________________

____

What are your own feelings as a foster parent—what upsets you most? (Children misbehaving, letting go of children, sense of failure or too little achieved, not being able to do what is necessary, anger with biological parents.) ______

____

What are some of the things you do well as a foster parent that make you feel good?

____

____

What are some of the areas in which you could improve--things you would like to do better? ______________________________

____

INTRODUCTION TO THE ROLE OF FOSTER PARENTING AND THE PROBLEMS OF SEPARATION

General Objectives:

1. Introduce, or clarify for the experienced foster parent, the role of the foster parent.
2. To help foster parents (a) understand the meaning of separation of children, (b) understand the behavior problems and other consequences that may develop as a result of separation, (c) develop skills in interpreting the meaning of separation to children so as to reduce the associated trauma of the experience, and (d) develop techniques to help children who are acting out because of separation.

Specific Goals:

Role clarification:

1. To clarify and increase the awareness of foster parents as to the importance of their jobs.
2. To clarify the duties and responsibilities of foster families in providing substitute family care for children.

3. To explore the limitations of the foster parent role in working with foster children.
4. To increase the awareness of foster parents as to the obligations of the agency to the child and his family.
5. To clarify the types of support that the agency and worker are to provide the foster child and the foster family.
6. To explore the obligation of the community to provide services for foster children and the foster family's role in securing these services.

Understanding separation trauma:

1. To develop sensitivity in recognizing and identifying symptoms of separation trauma.
2. To increase the understanding of the types of reactions that children have to separation.
3. To increase skills in reducing the impact of separation.
4. To develop techniques to deal with the behavior of children who are suffering separation.
5. To recognize the role of the natural parents in the child's life.
6. To develop adequate skills in helping the child come to grips with his feelings toward the natural parents.
7. To recognize the ambivalence of the child as he develops feelings of attachment for his foster family.
8. To develop the skills to prepare the child for separation from the foster family.
9. To recognize the ambivalence the foster family feels as they prepare the child to move to another home.

Important points to be emphasized:

1. Foster parenting is a job, providing direct service to children.
2. Foster parents provide more than custodial care; they also provide emotional support, help the child to feel worthwhile, and help him move to the next developmental stage.
3. Foster parents are not natural parents. There are limitations on the decisions they can make for the child.
4. Foster parents must learn to give up foster children. This is done most easily when they recognize what they have given the child.
5. Foster parents work with a lot of children for a short amount of time.
6. Foster parents can hold agency and community accountable.
7. Agency and workers are limited by State law and courts.
8. In most cases, natural parents retain rights to parent the child and in all cases they constitute an important part of his past.
9. Fostering is a total foster family commitment.
10. Foster parents are part of a team that shares information to assure appropriate service to the child.
11. Foster parents are the immediate people to protect the rights of the child in terms of his right to family life, his right to positive feelings about himself and his natural family, his right to expect his affairs to be treated confidentially, and his right to services.

12. All foster children have experienced separation.

13. The five stages of separation are:
    - a. shock
    - b. protest, denial
    - c. anger
    - d. despair, depression
    - e. detachment or acceptance

14. Many, if not most, foster children blame themselves for the separation.

15. Passive or withdrawn behavior may be as symptomatic of trauma as acting out.

16. Although behavior must sometimes be controlled, reduction of trauma is the long-range goal.

17. Foster parents must recognize and work with natural parents for the best interests of the child.

18. Foster parents must remember the child is with them temporarily and will leave them.

19. Part of the duties of foster parents is to prepare the child to leave them.

20. The foster parent should develop a specific plan for helping the child the first day.

21. The child who must choose to spend holidays or vacations with his natural family or the foster family is caught between wanting both and feeling that either way he will miss something.

SUGGESTED ACTIVITIES

1. Class or small group discussion on one or more topics from A below followed by similar discussions around one or more topics from B.

   A. What should a foster parent do if
   - . . . the worker refuses to answer telephone calls from the foster parents.
   - . . . refuses to remove a foster child from the home when requested to do so by the foster parents.
   - . . . fails to process payments for the foster child's board, clothing or medical expenses.
   - . . . will not share with the foster parent information about the foster child.
   - . . . removes a foster child from the home without explanation or warning.

   B. What should a worker do if a foster parent
   - . . . refuses to take a child to medical appointments.
   - . . . refuses to let natural parents visit in home.
   - . . . uses physical discipline.
   - . . . uses money from the foster child's bank account.
   - . . . spends foster care payments for new livingroom furniture.

2. Thinking about what it was (or would be) like to
   - . . . lose a loved one.
   - . . . find yourself among strangers in a foreign country.
   - . . . visit your child who was in foster care in someone else's home.
   - . . . being lost as a child.

3. Listing on blackboard the needs of a child under various headings.

4. Devising specific plans for a child.
   - . . . for the first day in your home.
   - . . . preparing him (her) to leave.
   - . . . discussing why his mommy didn't come when she said she would.

5. List for each person responsible for the well-being of the foster child (foster parent, worker, natural parent) the particular duties, responsibilities, and rights connected with that position.

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HANDLING LYING, DISHONESTY and DESTRUCTIVE BEHAVIOR

General Objectives

1. To help foster parents interpret the meaning of lying, stealing, and other forms of dishonesty; to help them determine what the consequences of such behavior are for the child; and to help them develop skills in helping children to move to more mature ways of behaving.
2. To help foster parents deal with acting out behavior, especially destructive behavior and temper tantrums; avoid situations that break down control; help the child to develop controls; provide alternative acceptable behaviors; and teach the child how to deal with his feelings.

Specific Goals

1. To differentiate between different types of apparent dishonesty in terms of the child's developmental stage.
2. To clarify their own values around dishonesty.
3. To understand the reasons wny children lie.
4. To develop skills to help the child act more honestly.
5. To understand the reasons children are destructive.
6. To clarify their own values and feelings about anger.
7. To develop skills in controlling destructive behavior.
8. To develop skills in helping children handle anger appropriately.

Important Points

Dishonesty:

1. Children lie and steal for different reasons. At some developmental stages they really do not understand the difference between lying and the truth, your property and my property. Some forms of dishonesty are the ways in which children learn, and proper management of dishonest behavior may help the child to move into the next stage of development.

2. Some of the reasons why children are dishonest include:
    - a. Reality testing: attempting to find out the difference between what is and what they think.
    - b. Denial: a way of handling painful memories, feelings, fantasies, or behavior to protect themselves from feeling guilt or inadequacy.
    - c. Wish fulfillment: a way of making things better.
    - d. Fantasy: pretending, imagination, or daydreaming.
    - e. Protection: to escape the consequences of behavior.
    - f. Modeling: copying the examples set by the adults in his environment.
    - g. Lack of impulse control: slowness in moving to the next developmenta' stage.
    - h. Replacement: children feel unloved and steal to appease their emotional hunger.
    - i. Need fulfillment: to get things they need or want badly.
    - j. Recognition: to be part of the gang or enhance reputation.

3. Foster families are upset about lying and stealing because:
    - a. Their own moral codes are assulted.
    - b. Their relationships with the child are disrupted.
    - c. They are embarrassed with the public, school, neighbors, etc.
    - d. They worry about the effect on their own children.
    - e. They worry about the child becoming a criminal or growing up to be an immoral, unethical adult.

4. Lying and cheating are not clearly prohibited in our society. Adults are allowed to bend rules, tell white lies, etc. Why do we expect more of children than we do of adults?

5. Recognizing the stage the child is at developmentally may help alleviate concern and allow the parenting person to use energies more constructively—to help the child to move to the next developmental level. It is important to be aware of what the child is capable of and what his perception of the world is like, to understand his behavior and deal with it effectively (i.e., control the most disruptive behavior and use the situation for growth). Developmental stages are sequential and the person moves from one to another at his own/ pace and in line with his experiences. No stage can be skipped and thus the child who is at a level below what would be expected must move to the next stage. He cannot be forced to "act his age." (NOTE: Problems with foster children are often either exaggerations of behavior that is typical of a developmental stage or they are developmentally behind what might be regarded as typical of their age.) (See Developmental Chart, *Michigan Foster Parent Association Third Annual Educational Conference*, pp. 31-37.)

6. It is important to be specific about the behavior that is labeled dishonest. Is it really dishonest from the child's point of view? Have we put him into situations that almost force him into dishonesty? (Situations that may be discussed here are: stealing food; fantasy—especially about natural parents; borrowing; lying to avoid punishment; stealing one's own possessions or money; confusion over time—I'll do it in 5 minutes.)

7. The foster parent can do many things to minimize putting a child into situations where he/she will react dishonestly:
    - a. Clearly establish property rights in and out of the household with the rights of all (especially the foster child) respected.
    - b. Teach how to borrow and return and give help in getting permission and with disappointment at failures to receive permission.
    - c. When a child steals, insist on restitution but help with personal support. Provide some method of payment when money is involved, i.e., extra jobs, etc.

d. Remove temptation, i.e., loose change about, unlocked coin collections, piggy banks, wallets, etc.
e. Provide a legitimate source of income, i.e., allowance, ways to earn fair distribution of goodies, gifts at Christmas and birthdays.
f. Listen carefully to children's feelings—is he/she angry, afraid, sad, empty or needy? Help him find more constructive ways of handling these feelings.
g. Demonstrate your own honesty, setting an example and providing a model.
h. Do not lie to a child to "protect" him.
i. Share your honest feelings of anger, embarrassment, and shame when a child makes a mistake, and help him to see the alternatives to his behavior.
j. When he is wrong, let him understand how he could have been right in the same situation.
k. Recognize what the child is trying to say and help him say it honestly. I wish. . . . It would have been nice if. . . . I imagined. . . .
l. Review house rules to be sure that the child is not put into positions of lying about behavior that should really be within his own discretion.

8. What to do in the short run?

a. Assess problem. What is the specific behavior that is troublesome? When does it occur? What situation or interaction triggers behavior? What does it mean to the child? Why does he/she behave this way?
b. Make a plan. If we remember that our role is to teach children to be able to make their own moral judgments and control their own behavior, then we can base our plan on helping them to control their behavior rather than depending on outside control. This doesn't mean we shouldn't use outside controls. With young children, or with children of any age who have not developed their own controls, outside controls are necessary.
c. Implementing plan. Child should be told why specific behavior is wrong and the consequences of such behavior in line with his stage of development. The specific wrong behavior should be named and the specific consequences of that repeated behavior should be given.

Destructiveness

1. Anger and aggression are the natural responses to frustration. All human beings experience frustrations as they grow. The infant or small child reacts with rage. We must teach all children appropriate ways to handle rage.

2. Many adults feel anger of any type is deplorable and are especially concerned about children being angry. Foster families also have to deal with the consequences of acting out behavior.

3. Although behavior can be controlled, all feelings, including feelings of anger, are legitimate.

4. Foster children, because of their life experiences, may feel more anger than most other children. The foster family did not cause the anger and it is not their fault, but the foster child may use them as the target of the anger. All behavior has meaning even if it is not always obvious.

5. Children are likely to express their anger through temper tantrums, deliberate destructiveness, or attempting to hurt others. Although we can empathize with their feelings, we cannot let them hurt themselves, others, or destroy property.

6. Children act out their anger in inappropriate ways because they have not developed appropriate controls, because they have not been taught appropriate ways to relieve their feelings, and because they really want adults to provide some control as an expression of their concern.

7. Self-control is closely associated with developmental stages. Recognizing the stage the child is at developmentally may help alleviate concern and allow the parenting person to use energies more constructively—to help the child move to the next developmental level. It is important to be aware of what the child is capable of and what his perception of the world is like, to understand his behavior and deal with it effectively (i.e., control the most disruptive behavior and use the situation for growth). Developmental stages are sequential and the person moves from one to another at his own pace and in line with his experiences. No stage can be skipped and thus the child who is at a level below what would be expected must move to the next stage. He cannot be forced to "act his age." (NOTE: problems with foster children are often either exaggerations of behavior that is typical of a developmental stage or they are developmentally behind what might be regarded as typical of their age.) (See Developmental Chart, *Michigan Foster Parent Association Third Annual Educational Conference*, pp. 31-37.)

8. The goals to be achieved with any child who acts out are:
   a. Immediate control of the behavior to prevent harm to himself, others, or property.
   b. Alleviation of the anger.
   c. Development of self-control and acceptable avenues of expression of feelings.

9. Controls that are extremely punitive only make the child more angry.

10. The best discipline is always the natural consequence of behavior. If you break something, you no longer have it and must pay for it if it belongs to someone else. If you hurt children, you can no longer play with them. (NOTE: Extreme isolation may make the child more angry. Temporary removal until he/she gains self-control or for a time period appropriate to his age is better.) Obviously, some consequences are too severe to allow.

11. To handle behavior in the short run, the parent first of all assesses the behavior. One should determine if intervention is necessary. Is the child truly destructive or merely careless with his/her possessions? Is he taking out destructive urges on his own personal property or infringing on the rights of others? Does his/her behavior need control or is it only the expression of anger that is disturbing the foster parent?

12. The parent must determine why the child acts out. What situations trigger acting-out behavior and what is the child feeling? The answers to these questions determine the plan.

13. Working on too many problem areas at one time is bound to lead to failure. The parent should determine which specific behavior areas should be tackled first. Priority would probably take the following order:
   a. Stop the child from hurting himself or others.
   b. Stop the child from destroying other's property.
   c. Stop the child from verbal aggression that is assaultive on others. (NOTE: This is different from stopping the child from expressing his feelings which should probably never be done.)
   d. Teaching the child to be careful and respectful of property.

14. Whenever there is a need to control behavior, the parent should use a variation of the following statement: You seem to be angry or unhappy because __________, but I cannot let you (specific behavior). If you (specific behavior), then (specific consequences). Why don't you (alternative behavior). The child must be physically stopped or removed from the situation if he is likely to be dangerous to himself or others.

15. When the child is out of control, reason won't work. Probably the best way to handle a real temper tantrum is to hold the child firmly but lovingly until he/she gains control or is exhausted. An alternative is to place the child in a relatively safe place, e.g., a carpeted bedroom.

16. As a child regains control, he or she may be able to explain feelings or reason behind his actions. This is not always possible. When the child is able to explain, the adult is sometimes surprised. Discussion should be initiated (in a concerned way) around the following points:

    a. Recognition and sympathy for the child's feelings.
    b. Restatement of specific behavior that cannot be tolerated and why.
    c. Specific consequences that will follow unacceptable behavior.
    d. Alternative behaviors the child can substitute.
    e. Reassurance that the foster parent is concerned about the child, feels he is worthwhile, and is confident that the child will learn more appropriate outlets for his feelings.

17. Alternative behaviors for children:

    a. Pounding a pillow, stuffed animal, plastic blow-up toy, etc.
    b. Throwing balls, snowballs.
    c. Hammering, chopping wood.
    d. Expressing feelings through painting, drawing, working with clay.
    e. "Hurting" or tearing up magazine pictures.

    These behaviors are OK, but many foster parents will find them disturbing unless they have themselves differentiated anger and acting-out behavior.

18. When a situation develops in which a child is losing control, he should be removed. He can be taught to remove himself as he feels control slipping. Going to one's room is often terribly frightening, especially if one's feelings are scarey. A place removed from the family but nearby, such as the stairs, a corner of the dining room, a big chair is good. Removal time should be dependent on the child's ability to rejoin activities, rather than a specific time period. He can usually thell when he is ready. As children develop controls, they can be encouraged to take time out when control is slipping. Going to watch television is sometimes useful.

SUGGESTED ACTIVITIES

1. Have trainees describe a lie they have told as a child. Can they remember why they told it? How did they feel? Where they found out?
2. Have the group list all of the situations when lying might be the better policy. Can they think of how these situations might be handled sensitively, tactfully, but still honestly?
3. Have each person write a short essay on "What do I do when I get really angry?"
4. Have small groups brainstorm:
   . . . how adults model dishonest behavior
   . . . how adults encourage children to lie
5. Have trainees discuss ways of restraining children of various ages who are having temper tantrums.

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DEVELOPING A SENSE OF COMPETENCE IN YOUNG CHILDREN

Principal Investigator: Burton L. White, Ph.D.

*Author: Herbert Yahraes**

Burton L. White, formerly of Harvard University, has been conducting research for almost two decades on how experiences of various kinds during the first few years of life affect a child's ability to get along in *his* world—and, later, in *the* world. Since 1965, when he was director of the Preschool Project of Harvard's Graduate School of Education, he has headed a large research attack on this question, and he is the author of a book for parents on the first 3 years of life. White sees the problem as "how to structure the experience of the first 6 years of life so as to help each child make the most of whatever potential he was born with." The investigator believes that he now has many of the answers.

The project began with systematic observations—in homes and schools, on playgrounds, and at shopping centers—of more than 100 children over a period of 2 years. The result was a list of behaviors that characterize the competent 6-year-old. Such a child:

- Can get and maintain the attention of adults in socially acceptable ways.
- Uses adults as resources in socially acceptable ways.
- Can express both affection and hostility to adults.

***See note at end of chapter.**

- Can both lead and follow peers, can compete with them, and can express both affection and hostility to them.
- Can express pride in something he has done or is doing or in something he possesses.
- Occasionally acts out a typical adult activity or in other ways expresses the desire to grow up.

All are *social* abilities. The competent 6-year-old also possesses a number of what White terms "nonsocial abilities," among them:

- Linguistic competence.
- Intellectual competence, as indicated by the ability to sense dissonance, that is, to note discrepancies in the environment; to anticipate the consequences of whatever is occupying the child's attention; to deal with abstractions, such as numbers, letters, and rules; to take another person's perspective; and to make interesting associations between something he sees or hears and something from his experience, whether real or imaginary.
- Executive abilities, as indicated by the planning and execution of activities requiring several or more steps and by the effective use of resources.
- The ability to attend to two things at once—for instance, to concentrate on the task at hand, yet be aware of what's going on.

The investigator found that such abilities characterized not only the competent 6-year-olds in the study but also the most competent of the 3-year-olds. There was, of course, a difference of degree, the various abilities being significantly more advanced in the older children. In order to study the emergence of competence, the research team gave priority to the first 3 years of life, in particular to the second and third years. Buttressing this decision were the findings by a number of researchers: A given group of children, regardless of social class or race, performs much the same as another on developmental tests until about 18 months. Afterward, the averages of some groups begin to decline. In other words, many children do well on developmental tests during their first year and a half, yet enter school with a handicap most of them never overcome.

To learn what kinds of experiences are regularly associated with excellent or poor development, White and his associates selected 39 families with children who were either 1 or 2 years old. There were two groups of families, chosen on the basis of how the older children in the families had turned out. Families having highly competent older children, the investigators predicted, would rear their new children very successfully; the other families, rather poorly. The new children in the first group were designated *A* children; those in the second, *C*. All were carefully observed in their homes for 2 hours every other week. For 19 of the children, the observations were made during the 12- to 15-month and the 18- to 21-month periods; for the others, during the 24- to 27-month and the 30- to 33-month periods. On five widely spaced days during each of these periods, the investigators also made a more intensive study of the children's experiences. They recorded what each child did, second by second, during three 10-minute periods in each of these days.

During the 12- to 15-month period, the most competent children at 3 years had almost twice as much social experience as the others. Important elements of this experience were seeking the attention of someone else, usually the mother, and procuring a service, usually from the mother. The latter was taken to be evidence of the ability to use an adult as a resource.

On nonsocial tasks, the most competent children spent 20 percent of their waking time staring at objects, people, and scenes. The investigators describe this activity as *gaining information visually*. The less competent children engaged in this activity only half as much. The most competent children also had considerably more live language directed to them and overheard more live language. In fact, one of the main differences between the two groups was the extent to which the mother or some other adult talked to the children. When children were between 12 and 15 months old, for example, the top five in overall competence were talked to about three times as much as the bottom five. Six months later, between 18 and 21 months, those children who would turn out to be the most competent at age 3 spent significantly more time than the others in trying to please another person, generally the mother, and in preparing for an activity. The most marked difference between the two groups of children during this period, though, was in the proportion of empty time—"time spent in desultory scanning or aimless wandering." The poorly developing children spent 26 percent of their time in such behavior; the others, 11 percent. The researchers suggest that the difference can be explained by restrictive parental practices in the poorly developing group; for example, the mothers of these children tended to confine them to playpens.

The children were tested for general development at 12 and 24 months and for intellectual function at 36. At 1 year the difference between the *A* and *C* children, as had been expected, was not significant. At 2 years, however, the *A* children performed significantly better than the *C's*. Two factors in particular seemed to differentiate the two groups. On a ratio of compliant-to-noncompliant behavior in response to adults' orders or suggestions, the *A's* rated higher. They also imitated adults in their environment—usually the mothers—more frequently. The investigators view this finding as evidence that, even at the age of 2, some children demonstrate a stronger desire to grow up and be like an adult.

At 36 months, the median for the *A's* on the Stanford-Binet test of intelligence was 128; for the *C's*, 92. Such a large difference could be expected to occur by chance only once in a thousand times.

Good overall development, or competence, at the age of 3 was found to be associated with high scores in the following activities during the 12- to 15-month period:

- Procuring a service.
- Gaining attention.
- Gaining information through steady staring at people and objects.
- Listening to live language (or, put another way, being talked to).

Also related to competence were *low* scores in gross motor activity, passing time, and exploratory experiences, mainly with small objects. (Why should exploratory experience be associated with lower competence? The investigators suggest that the finding may reflect the absence of other experiences that would have been more efficacious.)

When the children were 5 years old, they were given another IQ test—the Wechsler Preschool and Primary Scale of Intelligence, which at 5 has been found to predict future academic achievement. The relations between types of experience at 12 to 15 months and IQ scores at 5 years were found to be almost the same as they had been at 3.

HOW THE PARENTS CAN HELP

Was the development of competence influenced by parental action or lack of action? It certainly looks that way, the investigators answer. Effective parents, defined as parents of competent children, performed three major functions in a way that distinguished them from other parents:

Designing the Child's World.

The effective childrearer made the living areas as safe as possible for the child who had started to crawl or walk and then provided maximum access to it. "Such action immediately sets the process of development off in a manner that will lead naturally to the satisfaction of and further development of the child's curiosity; the opportunity to learn much more about the world at large; and the opportunity to enter into natural, useful relationships. . . . The effective childrearer [also] makes kitchen cabinets attractive and available and then keeps a few materials in reserve for times when the child may become bored."

Consulting with the Child

Effective parents "were available to the child several hours each day to assist, enthuse, and soothe when necessary. . . . They would usually respond [to overtures]. . . . They would pause to consider the baby's *purpose of the moment*. They would provide what was needed *with* some language, on target and at or slightly above his level of comprehension. They . . . would not prolong the exchange longer than the baby wanted." Such exchanges, taking from 20 to 40 seconds, occurred "dozens of times a day in the lives of children developing well."

Setting Limits, or Disciplining the Child

"Though loving and encouraging and free with praise [effective parents] were firm. *No matter how young the infant, they set clear limits. . . .*" The investigators report also: "Different kinds of discipline seem necessary at different stages of infancy and toddlerhood, and a minority of childrearers in some fortunate way have stumbled across ways that work. Children between 8 and 13 months of age can usually be controlled through distraction tactics. Children 13 to 18 months of age require distraction and physical removal from circumstances at times; and children between 18 and 24 months require distraction, physical removal, and verbal restrictions."

These findings are being tested in an experimental program to learn if the general run of parents can be taught the childrearing skills used by the parents of the most competent children in the Harvard study.

A research group at the Center for Early Development and Education, University of Arkansas, has reached similar findings from a study of children over the 6- to 54-month period. In its observations of children and their environments, this team used a schedule of 45 items—developed by Bettye Caldwell, the Center's director, and her associates—grouped as follows:

- Emotional and verbal responsivity of the mother.
- Maternal involvement with the child.
- Provision of appropriate play materials.
- Avoidance of restriction and punishment.
- Organization of the physical and temporal environment.
- Opportunities for variety in daily stimulation.

None of those factors was found to relate in any important way to the children's performance on mental tests at 6 months and 12 months. But all of them related significantly to performance on such tests at 3 years and at 4 1/2 years. At the latter age, the relationship between the first three factors and intelligence was particularly strong.

According to the Arkansas investigators, "The data obtained after 12 months of age seem to indicate that perhaps the most enriching environments experienced by the children in our sample may be characterized as those in which a mother (or some other primary caregiver) provided the infant with a variety of age-appropriate learning materials and who likewise consciously encouraged developmental advances by talking to, looking at, and otherwise positively responding and attending to her child."

Statistical treatment of the Harvard group's results showed that 25 percent of the differences between the *A* and *C* children could be accounted for by differences in social class. The influence of these differences was limited almost entirely to what the team calls "nonsocial competence," which in this research includes mainly intelligence and linguistic ability. These factors correlated highly with social class, suggesting that the higher the social class of the child's family, the more likely it was that the child scored high.

There were notable exceptions, however. Of five children who the investigators thought would develop unusually well because of their siblings' records, one came out 22nd of the 39, one came out last, and the other three fell in between those two. Further, one child who was expected to develop rather poorly ranked 10th in overall competence at the age of 3.

The correlation between social class and overall competence, including both social and nonsocial factors, was moderately high.

A PARTICULARLY CRITICAL PERIOD

From the research described in the preceding section, the Harvard group has additional findings that should help parents raise competent children.

> ***'. . . it is very difficult to stamp out strong, basic, simple, pure curiosity during the first 8 or 9 months of life."***

The most important years of the child's life, this group reports, are the first 3, because it is then that the foundations are being laid for the development of language, curiosity, aptitude in social relations, and intelligence. Says White: "I honestly cannot think of any task more exciting and more valuable that any of us do in our daily work than the task of providing an early education for one's child under 3 years of age." One part of this period is particularly critical. It begins at 6 to 8 months of age, when most children "first undergo unusually supportive experiences," and runs to about 24 months of age, by which time the effects, whether good or bad, "have become solidly established." (White acknowledges that the effects of bad experiences during the child's earliest years can indeed be reversed, as other investigators have found, by changing the environment. But the changes needed are not usually made.)

The beginning of this period coincides with the start of the child's efforts to move about and also with the emergence of the ability to understand language. Nurturing this ability is particularly important for building the child's educational capacity.

Then, toward the end of the first year, "babies begin to reveal a growing awareness of themselves . . . as beings with separate identities. The form of this identity appears to be shaped largely through social interactions with the primary caretaker. These interchanges also appear to shape the infant's basic orientation toward people in general . . . . He seems to be acquiring his basic style as a social animal." However, whether children score 90 or 115 on tests of developmental status during the first year "doesn't seem to tell us much about levels of function at age 3 and up."

As early as the 12- to 15-month period, "and increasingly thereafter, the environments of the *A* and *C* child differ markedly. . . . Mothers of *A* children interact more with them, engage in more intellectually stimulating activities with them, teach them more often, encourage them more often, initiate activities for them more often, and are more successful in controlling their children.

"The most important implication of these findings," the researchers point out, "is that *children who later grow up to be exceptionally competent intellectually do not seem to become so because of innate capabilities only. Starting as early as 1 year of age, these children have daily experiences in their home that systematically promote their development.*" Particularly important are the developments in language, curiosity, social competence, and intelligence.

The mothers most likely to develop competent children are those who encourage the growth of language "by careful selection of suitable words and phrases and by exploiting the child's interest of the moment." Other mothers "provide a great deal of input but with considerably less skill and effectiveness." And still others show "minimal attention to the language interests of their children."

Another major element that develops during the first 2 years is curiosity. "Even if a child comes from a miserable home and is beaten regularly," White notes, "it is very difficult to stamp out strong, basic, simple, pure curiosity during the first 8 or 9 months of life." He continues: "It is, unfortunately, not that difficult to stamp it out in the next year or two or, if not stamp it out, suppress it dramatically or move it over into aberrant patterns. For example, the 2-year-old who looks at a new toy and, unlike other 2-year-olds, only sizes it up to see how he can use it to badger his mother: that is not sheer, unqualified curiosity."

The third major element in the foundation of competence is social development. Says White: "We know that human beings will not survive without some sort of strong, protective attachment to an older, more mature, more capable human . . . . Between 8 months and 24 months or so, one of the most gorgeous experiences you will ever see takes place: children establish a relationship, usually with the mother. They learn thousands of things about what they can and cannot do in their home, what they can and cannot do in interactions with the primary caretaker, about how to read the primary caretaker's different mood states, and an incredible number of other things."

During those first 2 years a human personality is being formed. The social patterns acquired then, through interactions with the mother and other members of the family, are the ones that will be applied during the next few years to other adults and to children who come into the home.

The fourth major element is the development of intelligence. "From late in the first year," White points out, "children are very much interested in cause-and-effect relationships." They flip light switches on and off to see the consequences, and they delight in working with jack-in-the-boxes. Though such events seem trivial, "they indicate a very deep interest in how things work" and in other characteristics of objects.

SOURCES OF STRESS: NEGATIVISM AND CLOSELY SPACED CHILDREN

During the course of the research, White confirmed what other researchers had reported and observant mothers well know—for a period during the second year of life children are inclined to be negativistic. During that time, "our subjects begin asserting themselves, rejecting suggestions, ignoring commands, testing limits, and generally flexing their muscles." Often the child seems to refuse to cooperate with his mother just for the sake of refusing. "Some mothers cope well with this normal phenomenon," the investigator reports, "others not so well." White coped with it by temporarily halting most tests.

The negativistic period is likely to begin somewhere after the 14th or 15th month and to end with the 24th month, though it may continue for awhile. The likelihood that a child will comply with a request by his mother falls to less than 50 percent during this time—although the child was largely compliant as a 1-year-old and probably will be again during the third and fourth years.

Negativism seems to be triggered by what White calls a "sense of agency" or the child's realization that he, too, can exert power. Since the child has to go "from total dependence to a stance from which he can face reality on his own," the last half of the second year may represent a stage at which some major step in the process takes place. "A second comparable step," White points out, "seems to occur at puberty and takes the form of adolescent rebellion."

At times during the negativistic period it will be impossible to dissuade children from something they are doing, "especially if it is something that they see their mother disapproves of." So what can a mother do? The investigator—whose research convinces him that a strong link exists between firm discipline and competent children—replies: "Firm discipline is still strongly advised but because it is clear that there are very great pressures (on the child during this period) occasionally to contest and to win over authority, *I believe wise parents are well advised to yield occasionally to the child in areas where the stakes are not particularly high (from the parents' point of view).* This does not mean that I advocate a general permissiveness or a general abdication of responsibility for controlling the home.

The parents we have watched doing an apparently effective job with their children *never* abdicate their control in this regard; but they are wise enough and personally secure enough to occasionally let the child win a minor struggle at this particular stage of life. . . ."

Though negativism is a source of great stress to many mothers, far and away the stress most difficult to deal with during the first 3 years is "the behavior of a not-much-older sibling." Frequently, though not invariably, White has found that "when children are spaced less than 3 years apart, families pay a significant price." As he explains the situation: "A first child reared at home lives (usually) in a loving, protective atmosphere for most of his first 2 years. He rarely comes face to face with aggression or hostility. In contrast, a second child with a sibling a year or a year and a half older inevitably must cope with such forces day after day, once he begins to crawl about . . . . Mothers often find themselves into at least 12 months of chronically unpleasant policing activities. . . ."

On behalf of a first child who is only 1 1/2 years old when the baby is born, White points out that the child is still mother-oriented. It is very difficult for him to have to share the center of his life with the newcomer, particularly since the newcomer seems to be getting most of the mother's attention. Consequently, when the new baby begins to crawl and get into things, the mother may find herself spending vast amounts of energy and time simply trying to keep peace.

PREVENTING EARLY-LIFE FAILURE

Failures in the development of language, curiosity, social skill, and intelligence—the major foundations of competence—"are extremely difficult to correct, using any means we now have available" and lead to underachievement or failure in school. As evidence, White notes that "children who enter the first grade significantly behind their peers are not likely ever to catch up." Also, the Head Start program, which has concentrated on helping children in the 3- to 5-age period, "does not often succeed in its prime goal," the prevention of educational failure.

Families who want to do the best they can for their children, in White's view, face three major obstacles. The first is parental ignorance of the process of child development. The second, stemming in part from the first, is parental stress, particularly when the child enters the negativistic period and starts determining how much he can get away with. The third major obstacle is lack of assistance.

This investigator has a number of suggestions for meeting that situation:

1. Teach all prospective parents—through required courses in high school and through television—about human development in the first years of life. ("Our current educational policy is grossly inadequate," he says, because it largely ignores the family, which he considers the most important educational factor in a child's life. He believes that most people will acquire good parenting skills only if they are trained in them.)
2. Offer adult education courses for pregnant women and their husbands. "Perhaps provide video-cassette or filmed mini-courses in hospitals during the lying-in period," as is being done in Hawaii and has been done, though rarely, elsewhere.
3. Provide a low-cost detection and referral service to every family, starting when a child is born, with a promise that the children of participating families "will not go through the preschool years with an undetected educational handicap."
4. Establish a neighborhood resource center to make available "continuing, low pressure, strictly voluntary training for parents." This resource center might, among other activities, lend books, pamphlets, and toys to parents; make professionals available to talk with parents; provide free babysitting a few hours each week for parents' psychological relief; and carry out a home-visiting program, under which parents could elect to have a child-guidance worker come to the house—once every 6 or 8 weeks, say—to observe the child and talk over problems.

In large part because of the Harvard Preschool Program, a neighborhood resource center such as White recommends is already in operation in Brookline, Mass., a Boston suburb, as part of the Brookline Early Education Project, or BEEP. The project had its beginnings one day several years ago in a conversation between White and the Brookline superintendent of schools. "When I get a child in the first grade who already looks weak," the superintendent said, "I cannot do much for him, even though I have one of the best special education programs in the country." He thought that probably all children should enter school at 4.

White told him that 4 was too late, because even by 3 a child's learning capability has been largely established. "Take a look at what is going on in the first 6 years, not just in the fifth year," White advised. "Try to get at the origin of educational deficits; try to prevent them, and try to help earlier in the game."

As a result, in Brookline a teacher-consultant from the public school system goes into the homes of newborn babies—if the family has volunteered for the program—and helps the parents from the very beginning to raise competent and emotionally healthy children. The teacher-consultant works with the parents until the child is 5. Also, mothers and fathers are free to drop into the resource center, where they may borrow books, pamphlets, and toys, exchange experiences and problems with other parents, and seek advice.

Although the results are not yet known, White would be willing to advise any school system to undertake a similar program now.

Dr. Donald Pierson, BEEP's director, believes that the public school system should educate parents to be their children's first teacher. He suggests that elementary schools could begin doing so by lending parents books on child development, establishing a toy-lending library, and providing physical examinations and developmental testing of young children. Pierson suggests also that high school students be given credit for working with children in a program like BEEP's.

It is clear that the first 3 years of life are extraordinarily important to the healthy mental and emotional, as well as physical, development of the child. Parents can and should do much to make them productive years, for the child's experiences during that period will determine to a large degree how well he or she will be emotionally and intellectually prepared for school and the experiences associated with it.

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SOCIAL LEARNING TECHNIQUES FOR PARENTS OF DIFFICULT CHILDREN

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A 6-year-old boy causes his parents considerable distress because of his extremely distractible hyperactivity, his inability to learn at school, his destructiveness, and his defiance of authority. The mother complains that she cannot leave him alone for a moment because she is not certain what mischief would next attract him. Without warning and without apparent provocation he has struck or kicked his playmates . . . .

When a teacher gently reproved him for saying "shut up" to her, he kicked her in the shins, much to the chagrin of the mother who witnessed the incident. At the table the child frequently indulges in throwing silverware at the china or at his brother and sister rarely missing his target . . . .

In the first grade of the public school the child had a tolerant, accepting teacher, who reported that he seemed at the end of the year to be gaining some self-control, some "conscience about his errors," and was becoming somewhat more observant of common courtesies. Nevertheless, he rarely sat still, continually interrupted others, disrupting classroom activities, talked loudly, and exaggerated stories to keep the attention of others . . . .

His second grade teacher found him so unmanageable it was necessary to send him out of the classroom daily

> and to exclude him from class trips, though without effect. The child, consequently, was socially unaccepted by his peers. The mother still took him to school and called for him every day. The boy's incorrigibility gave rise to much tension not only between the parents but was the cause of much concern between them and school authorities.

What is the prognosis for an antisocial, aggressive, hostile, out-of-control, oppositional youngster who continuously presents a magnitude of problems to parents, siblings, teachers, peers, and society at large? Such children constitute about one-third of the referrals for child mental health services, but there is generally little in the way of appropriate or effective services for them. Yet appropriate services could improve parent-child relationships, alleviate distressing, immediate problems and potentially have long-range value in preventing such children from later experiencing problems for which they are otherwise at high risk: mental illness, crime and delinquency, vocational difficulties, social problems, etc.

At the Oregon Social Learning Center in Eugene, Oreg., Dr. Gerald R. Patterson has developed a treatment program, based on social learning principles, particularly operant conditioning concepts, that is designed to help parents, such as illustrated in the above narrative, to master child management skills.

"Extremely simple" is Dr. Patterson's description of his concept and approach, "and the program can be understood in a relatively short period of time; in fact, most people do it intuitively," he says. "The most difficult part of the approach is getting parents to incorporate it into their lives and to be consistent. They can understand it; they can pass the test; they can talk to you about it; and they can even give other people a lecture on it. However, it's getting performance—not learning the concept—that's difficult."

Dr. Patterson describes the behavior of the socially aggressive child as "a direct reflection of events occurring in his natural environment." According to Dr. Patterson, the families participating in his research are all members of a violent system, and the function of aggression in such families is to turn off the attacks by other people. Consequently, aggression becomes a coping device. Dr. Patterson believes further that in such a social system a normal child would quickly learn to ward off the aggressive behavior of other family members by imitating their maladjustive violence. Some of the children who have been treated had become so violent that they attacked their parents and other persons with scissors, for example. Others broke furniture, stole, and set fires. They were determined to control the world in which they lived. Almost every time such a child has a confrontation with his parents, the child wins. Oddly, although these children are used to having their way, they are extremely unhappy.

Dr. Patterson's data indicate that the mothers in his treatment program are more aggressive than mothers from matched, normal families, as are the fathers and the siblings, too. The whole family is deeply committed to aggression. And as the family's aggressiveness increases, the time members spend talking with each other diminishes and finally stops. This makes sense: One avoids people who are constantly inflicting pain.

Patterson sums up the characteristics of the typical mother of an aggressive child as "a diffuse and noncontingent person with her child." By "diffuse" he means that she is probably warm and loving sometimes but that such behavior is not contingent upon the child's being good. "When he misbehaves, and sometimes even when he behaves, she becomes diffuse again by screaming at the child. He reacts against this inconsistency. This disrupts her marriage and her life, and she becomes a miserable, anxious, angry person."

On the other hand, Dr. Patterson also suggests, "In most of the families we have seen, the parents genuinely wanted to help their children; usually they wanted very much to love them." The treatment program of Patterson and his colleagues is aimed at helping parents regain control over their children's behavior. When this happens, the love and the self-esteem of the parents improve—a sure sign that their mental health has also improved.

THE SOCIAL LEARNING APPROACH

Because Dr. Patterson, along with many other authorities, believes that behavior is learned, his program is directed at training parents to teach the child to unlearn wrong ways of acting and at the same time to learn to behave in more acceptable ways. This form of treatment, a form of behavior therapy, emphasizes the use of rewards and punishments, mechanisms crucial to the application of the therapy, to shape desired actions. Unlike psychoanalysis and related techniques, behavior modification does not delve into the "unconscious causes" of deviant behavior. It is content simply to correct such behavior.

Learning is probably the most significant factor in the development of childhood aggression.

While improved behavior can be interpreted as a reward in itself, the social learning theory relies for its success on using an extrinsic consequence to alter established maladaptive behavior habits. What one is rewarding is the performance of altering old habits and supplanting them with new ones.

Learning is probably the most significant factor in the development of childhood aggression. For example, the child notices that if he has a tantrum his parents give him what he wants, so the next time he wants something he again has a tantrum. If giving in to the tantrum teaches the child to repeat it, why not just ignore such behavior? Patterson and his group answer that these children are emotionally disturbed and that their behavior is rather deeply ingrained. Consequently, when their behavior is ignored, they are apt simply to accelerate it or use other pain-controlling techniques, thus giving their parents still further punishment.

Inasmuch as these disorders of aggressive behavior occur more frequently in boys than in girls, Dr. Patterson's program, with a few exceptions when girls have been admitted, has thus far been primarily focused on the treatment of boys not older than 15. Programs based on the same principles have been shown repeatedly at other research centers to shape the behavior of adults, too, but Patterson and his colleagues consider this social learning approach ideal with children. With adults the therapist must consider the rewards and punishments offered not only by the spouse but also by coworkers, neighbors, and relatives, all of whom exert influence on a client's behavior. With a child there are fewer outside influences.

In working out a program for a particular child and his family, the staff of the Oregon Social Learning Center (SLC) asks itself such questions as:

- What seems to be supporting the maladaptive behavior?
- What are the immediate causes?
- Does the mother give in to the child's tantrums?

The following is a case history of a child and his family who were referred to the Center:

> Fred's mother . . . six years previously had been married to an angry, physically assaultive man whom she later divorced. She described herself as having been overly permissive, partially as an attempt to compensate for her husband's rigid control of the family . . . . From her previous and current interactions with the children, it seemed she preferred to be a friend rather than a mother . . . . As such, it was difficult for her to set rules, limits, and contingencies. However, she believed that if she could be warm and loving enough, the children would mature. Unfortunately, *all* of the children were out of control; and she was finding it commensurately more difficult to be *loving*.
>
> Fred, age 11, was one of five children. He had an older brother, age 16; an older sister, age 14; a younger brother, age 10; and a younger sister, age 7 . . . .
>
> During the past year she had sought psychotherapy for herself and for Fred. He presented the general picture of a sullen, unhappy boy whose out-of-control behavior was becoming increasingly dangerous. During the previous week, in a fit of rage, he had tried to shove his mother down the stairs. He frequently attacked the other members of the family . . . .
>
> The school presented specific complaints about him, such as attacks on peers and widely disruptive behavior in the classroom . . . . Many attempts had been made to change his behavior, but to no avail. As a last resort, the school requested that the superintendent transfer Fred to another school in the district. The second school accepted him with the condition that he receive treatment prior to his entrance to school in the fall.

> Fred had previously served as a subject in a sample of 15 children working in a "token culture" classroom (in which tokens, exchangeable for gifts, are given for desired behavior); of that group only two were not controlled by the procedures. Fred was one of those two. As his mother said, "We have already had behavior modification, and he was too smart for it." The mother was deeply pessimistic about the project being of any help and disagreed on philosophical grounds with the procedures used by behavior modifiers . . . .
>
> Observational data were collected by observers in the home for 12 days. From the data it was clear that Fred was not necessarily the most aggressive of the family members. The entire family exhibited what were recorded as deviant behaviors at the rate of 1.89 instances of aggressive behavior per person per minute . . . . The observation teams reported that the resulting noise level was similar to that found in a machine shop.

Apparently, this family rarely experienced a respite from chaos. The mother, in particular, was distraught, disillusioned, despairing, and, indeed, desperate. Yet, at the end of treatment, she "was able to return to college and acquire a teaching certificate in art."

Through the intervention program set up by the SLC staff, the mother's goal was first to obtain control over the behavior of the youngest children, who were exhibiting the highest rate of undesired conduct. Achieving this aim, she went on to the "more difficult problem, that is, Fred's hitting." Carefully following the techniques and principles that constitute the social learning theory, the mother set up contingency rewards for Fred's good behavior and punishments for bad.

If Fred did not hit anyone, he was permitted an extra half hour of TV at bedtime. However, if Fred did hit someone, he would be placed in time-out [time-out is explained in detail later in this report] as his punishment for a given period of time. Fred did not waste much time in testing the contingencies his mother placed upon his hitting. Immediately after his mother explained the procedures which it was hoped would curb his hitting, he gave his younger brother a hard blow on the arm. Fred's mother instructed him to go to time-out; immediately he hit the younger boy three more times. While in time-out, he continued to be vocally abusive and disruptive—behaviors which earned him an additional 75 minutes time-out and separation from TV, his reward or positive reinforcement. The next day Fred repeated his performance: He continued his obnoxious behavior during time-out, thereby increasing by an additional 40 minutes the time to be spent in social isolation. After testing his mother to her limits to see how much he could get away with, and realizing that she fully intended to adhere to the newly implemented program, Fred's hitting practices rapidly decreased and soon ceased to be a problem.

Eventually, with the assistance of the Center's staff, the mother set up a plan that included chores for each family member, and they carried them out. The family is now one cohesive unit, each member doing his share in making their home a pleasant place to be. Yet the total cost of the treatment program in terms of professional time, Patterson reports, was 13.9 hours, which includes intake interview, staff conferences, group meetings, and telephone contacts.

TREATMENT

In the social learning approach, parents or other key persons who interact with the child are taught skills that reduce rates of undesired behavior and increase rates of acceptable behavior. The key to success is that the parent be able to control most of the reinforcements (or rewards) and punishments in a child's environment. That is why the program has thus far been limited to boys and girls to age 15, although the aim is to extend the program eventually to include boys up to 16 years of age. Dr. Matthew Fleishman, a member of the Center team, explains the cutoff age as follows: "Whereas the young child is wholly dependent upon his parents, the young teenager, on the other hand, can probably find his own food and shelter. Therefore, we work on a program where we assume that the parents have the ability to control the rewards and punishments that a child receives. One example of getting control over a child's behavior is by providing necessities for the child's well-being. An obvious example is that the child is dependent upon his parents to provide him with regular meals. However, if the parent isn't dependable about providing meals and merely says there is bread and peanut butter in the cupboard, that parent really has no control over the child's behavior in eating nor over other behaviors that might be controlled by dependably providing meals. It isn't always strictly in terms of discipline that parents have control but also in terms of impact on the child's life."

The treatment procedures used for families enrolled in the Center's program include the required reading of a programmed text on social-learning-based child-management techniques (either *Living With Children*, 1968 [Patterson and Gullion] or *Families*, 1975 [Patterson]). The assignment of the test is dependent upon the educational level of the parents and must be completed before treatment can begin. In simple and nontechnical terms both books stress that the behavior of the child can be managed and explains social learning principles such as reinforcement, shaping, generalization, coercion, extinction, and punishment.

After the parents have read the required text, they are taught to define carefully, track, and record a series of targeted deviant and/or prosocial behaviors. During this period, and during all other steps of training, the parents are frequently monitored via telephone by experienced data collectors. In addition, parents are systematically observed in the home during the baseline period, before treatment, or intervention, begins, and finally during several stages of the 12 months of followup. During observation sessions, which are generally conducted during the dinner hour, each family member is "targeted" for 10 minutes. The targeted person's behavior and the response of other family members are noted over repeated 6-second intervals.

Interestingly, little difference exists in the rates of maladaptive behavior performed by normal as opposed to aggressive children. One behavior labeled deviant is emitted every 3 minutes by the so-called normal child as contrasted, on the average, to about one deviant behavior emitted every minute and a half to 2 minutes for the socially aggressive child. Consequently, pinpointing the deviant child, especially in troubled families, can be difficult. Therefore, the program is not necessarily geared to treating a target child, but in the final analysis, the entire family benefits from intervention.

Used in the home by the observers and parents are two data-gathering systems: the Behavioral Coding System (BCS) and the Parent Daily Report (PDR). The BCS, used by home observers, contains 29 categories, 14 of which describe negative or deviant behaviors (e.g., negativism, noncompliance, teasing, humiliation, and destructiveness); 7 are positive behaviors (e.g., working, playing, making positive physical contact, laughing, and complying); the balance are neutral behaviors (normal and attending). The PDR, developed by the Center, is a system used by parents in the home setting to identify other less frequent but important aggressive behaviors. Using a reference list of deviant and prosocial behaviors, parents track behaviors, by recording each deviant or prosocial behavior demonstrated by the child. During a series of semiweekly phone calls from data collectors at the Center, the parents report which of the targeted items occurred the previous day. Thus, the parents and therapists are able to "analyze changes in both frequency and severity of such behaviors." The parents are then taught how to reinforce and encourage prosocial, acceptable behaviors and how to reduce rates of undesired behaviors. A behavior is described as a noncompliance on each occasion that the parent presents a clear request, or command, that is followed by an argument, refusal, or an acquiescent verbal response unaccompanied by actual compliance.

Objectives are reached by both parents and children in negotiation sessions which result in the creation of family programs designed to establish reinforcement and punishment contingencies. Frequently, when treatment is initiated, the parents may become disillusioned as the child's condition worsens, an event that occurs because, in effect, the parents are now telling the child that what he has been doing in the past is no longer acceptable. On the other hand, the child is desperately struggling to maintain his former status in the household, which he considers to be a more favorable position. The parents are constantly encouraged by Center staff to endure, and results indicate that endurance eventually brings favorable effects.

The Point System

One of the major objectives of the program is to help meet the child's individual needs, an outcome accomplished by a system of rewards based on a point program. The parents and child decide together on the behavioral goals and on the reinforcement, or reward, that the child will receive when the goals are reached. Such agreements involve exchanges between all parties concerned; that is, the child entering into the contract consents to alter his own behavior, and the parent agrees to furnish reinforcement for changing the behavior. For example, if a child plays by himself for 15 minutes, he might receive 3 points. Each time he doesn't disobey, argue, throw a tantrum, tease his younger brother or sister, or cleans up his room, he receives the number of points previously agreed upon by all parties during the negotiation session. When the child has reached his goal in the point system, he is rewarded in the way he has chosen. That is, he may have decided to see a particular movie, stay up longer to watch a favorite TV program, have a family outing at the zoo, or receive a gift within the family's budget.

Time-Out

Unacceptable behavior is dealt with not through physical punishment, which often has an emotional aftermath and is therefore highly discouraged by the Center staff, but through a technique known as *time-out*. Time-out means isolation or a short separation from pleasurable activities ongoing at the moment the child becomes unmanageable. It is an arrangement in which an undesirable response is followed by a brief period during which activities of a family group are denied him and the child is separated from family, friends, and pets. The purpose is to make the child uncomfortable and unhappy within reasonable bounds because of his separation from the group. The investigators say that the parents should not be concerned with whether or not the child is having a good time in isolation: The object of time-out is simply to restrict the child for a time from his social reinforcers, or the pleasure he gets from being with the group.

An environment for time-out in the home may be a relatively barren room; examples may include the bathroom (without any glass items) or the bedroom or the back hall (without TV, books, or toys). Patterson's group cautions parents that time-out should be used for only short periods of time, no longer than 30 minutes at any one time, and not for long periods of isolation in small quarters. The environment should never be frightening; for instance, there should always be a proper amount of light and ventilation, and the child should never be made to stand or sit in an uncomfortable position.

An alternative to the time-out procedure is the application of another form of mild punishment, such as household tasks, given in a nonabusive but firm manner for inappropriate behavior. For instance, the child may be told that his penalty for noncompliance is to mop the kitchen floor and that he will not be allowed to resume normal activities until his assignment is completed. If the child balks and refuses to mop the floor, the parents are instructed to inform the child that there will be no TV, dinner, or social activities until he has finished his task. Too frequently parents tend to overpunish or underpunish the child; they are more apt to say, "no allowance, no friends, no bicycle, no movies for the next 2 years," or on the other hand, merely, "empty the trash can," "feed the dog," "sit still for 2 minutes," etc. The child soon learns not to take his parents' threats seriously, and consequently the overall objective of the program is defeated.

Other examples of appropriate punishment for undesirable behavior include:

- Disruptive behavior at the dinner table means that the child stands across the room for 2 minutes.
- Interruption of a parent's conversation with another adult means that the child must stand off to one side while the conversation proceeds.
- Destruction of household items means that the child is given a physical chore (such as pulling weeds) lasting from 15 minutes to an hour, depending on the age of the child.
- Refusal to comply with a parent's request means that the child is placed in time-out for 15 minutes.

Author's note: Time-out is also an effective and efficient means of controlling the child with behavioral problems in the school setting. An example of this can be found in the Mark Twain School of Rockville, Md., which serves the Montgomery County School system. Under the skillful administration of its principal, Dr. Ronald S. Laneve, Mark Twain is specifically geared to educate the child with behavioral problems. In a school whose enrollment is 80 percent boys, the staff relies on time-out as a rapid method to curtail classroom disruption.

Within the comfortable and aesthetic interior of this school are a number of time-out rooms, each measuring 4 feet by 5 feet. Each is barren except for a desk, is well ventilated and lighted, and every door, always unlocked, has a window. Dr. Laneve states that time-out is absolutely necessary in order for the teacher to maintain discipline in an environment highly conducive to classroom disruption. Each time a student enters a time-out room, separate entries are made for both the teacher and the child. The teacher's entry is to help ensure that the system is not being inappropriately used by staff; the child's entry, to track his progress. Walking through the corridors of Mark Twain, one is astonished to discover that, by and large, the students appear better behaved than those attending the usual school.

The Program for "Stealers"

Besides the main program geared to treat the unmanageable child who is a threat to the cohesiveness of the family, the Oregon Social Learning Center conducts a program, under the supervision of Dr. John Reid, designed specifically to treat the problem of stealing. This program was initiated to study children whose treatment by staff members dealing with hyperaggressive children had been unsuccessful.

The staff found earlier that stealers tended to exhibit less deviant behavior—meaning, primarily, lower rates of aggressive behavior—than nonstealers. This finding may have accounted for the staff's failure with the stealers, since the original program had been designed to control high rates of aggressive behavior. As Dr. Reid puts it, ". . . the reason the parent training program produces minimal results in the case of stealers is that there is little of this deviant behavior occurring within the actual home setting upon which the parent of the stealer can work." Because of this low-rate behavior, parents, too, are possibly not motivated to try to alter or restrain their child's deviant behavior. Also, stealing is such a socially undesirable trait that the parents find it difficult to admit their child engages in it. Eventually, though, the community begins to exert pressure upon the parents to take some form of action.

Mark was a socially unskilled, unattractive, obese youngster of 12—and a stealer. Mark's father was extremely negative toward him, not only because of such undesirable traits but also because Mark did not meet his father's expectations about masculinity or athletics, and did not share mutual interests. The father frequently humiliated Mark by addressing him as "fatty," or "thief," frequently in the company of others.

Mark was referred to the Oregon Social Learning Center initially not because of the poor relationship that existed between father and son but because of the boy's food-stealing habits. Though considerably overweight, the boy would sneak out during recess, run down to the supermarket, and steal such items as cookies, candy, and cakes.

Mark had been previously treated for approximately a year and a half at another mental health facility for neurotic behavior. The idea then had been that Mark was absorbed in food as the result of his parents' failure to meet his so-called dependency needs, or his needs for better parental care. Despite treatment, his stealing continued at a very high rate, and he attempted suicide.

Eventually Mark was referred to the Center, where the staff focused on his stealing problem rather than on his underlying neuroses. The treatment suggested was extremely simple. Mark's father agreed to cease his degrading remarks or, if he did not, to contribute an agreed-upon sum of money toward a prize for his son. Mark saw immediate gains in this program, inasmuch as his father would stop "putting him down," or else "pay him off." In return, Mark would cease his stealing. Whenever Mark's parents found in his possession anything for which he couldn't account, he would have to do a given chore—1 1/2 hours of garden work.

The stealing ceased almost immediately, but the father needed help from the staff in recognizing a positive change in his son. One interesting result of the agreement was that, after the stealing stopped, father and son spent more time together. At first the two engaged in many arguments and confrontations. With further treatment, the aggressiveness stopped. But not all treatments are entirely successful. Despite this progress, one day without warning the father abruptly told the Center staff: "I don't care about this stealer; he's a fat, little, queer kid, and I don't like him."

So the case was by no means an overall success in terms of the family. But it was not a total tragedy so far as Mark was concerned. He was placed in a foster home and at last report was doing very well.

Another Case History:

> The target child in this family was a rather obese, angry, socially unskilled 13-year-old boy. He had a long history of stealing and fire-setting. There were four other children in the family (boys, ages 4, 8, 14, and 15), none of whom showed significant problem behaviors. The parents were extremely uncooperative with the project, to the point of not allowing home observations. The father was working full time and attending college. The mother was attending college and was engaged in civic activities. Neither parent supervised the children carefully. The primary task during intervention was to teach the parents to track the boy's activities. Both parents were quite willing to apply time-out contingent upon stealing and fire-setting. It took approximately 10 weeks of intervention for the parents to complete the textbook and to participate in the program, at which time they reported stealing stopped.

Essentially, treatment for the children who steal is the same as for the social aggressors. However, before parents of children who steal can use the same behavior-management procedures as those used with socially aggressive children, they need to learn to label each stealing event as such and not to place a value on the article stolen. Parents tend to become upset in direct proportion to the monetary value of the stolen item and to overlook the fact that each stealing event, regardless of value, is a theft. As Dr. Reid explains, "We have the parents document the accusations of stealing, which is not difficult to do because teachers are complaining about items being stolen out of lockers, the neighbors are informing the police of thefts, items are missing from mom's purse, and so on. Consequently, we change the focus from stealing itself to the report of stealing, and we define that as the problem. Stealing . . . is almost impossible to detect . . . and the one thing that goes invariably with stealing is lying, because obviously, the boy has to deny committing the act.

"We tell the child that he has already been labeled a thief and the stopping of his stealing habits is not going to convince everybody, as they probably suspect that he has gone underground or has become more sophisticated. The child's problem is not only to get other people to *notice* he is no longer stealing, but also to *convince* them that he is not." Therefore, the project works on reported stealing only. Whenever a stealing report is made by a credible individual (e.g., teacher, parent, police), the child receives a consequence. Whether or not the child is actually guilty of the theft, and there are times when he is unjustly accused, the action is recorded as a theft, even if the child argues that he is not guilty. It is harder to persuade the parents than the child to support the program, Dr. Reid reports, because parents tend to be more liberal and believe in the judicial system that requires proof of guilt. "But," Dr. Reid adds, "the children have already been labeled, and it doesn't matter whether they are stealing or not. Everyone thinks they are, and that is why they get excluded from social activities with other children." Dr. Reid finds that his treatment stops or severely reduces stealing in approximately 90 percent of the cases. Dr. Reid additionally supports his outcome data by checking on the rate of stealing referrals to the Juvenile Court. Thus far, none of the children in the stealing project has been picked up by the police *after* intervention.

SUMMING UP

Besides the problems experienced in the family, aggressive children have difficulty learning the social skills required to obtain and maintain satisfying social contacts. Many aggressive behaviors are of a nonphysical sort: humilation, teasing, crying, whining—all ways of inflicting pain on others. In *A Social Learning Approach to Family Intervention*, Dr. Patterson and his coworkers state, "Peer groups tend to reject the aggressive child. Such children tend to receive three times as much punishment from their social environment as do nonproblem children. Additionally, socially aggressive children tend to acquire academic skills at a slower pace than nonaggressive children. And what is discouraging is the finding in other studies that such highly aggressive children are unlikely to outgrow their problem." Thus, the desirability for parents to maintain control over their child's behavior *for the child's sake* becomes apparent, not only because of the need for harmony in the home and concern for the child's future, but to avoid the deleterious effects such a child may ultimately have on society. The goal of treatment, then, is not only to bring out-of-control behavior under control but also to produce effects that will persist.

Dr. Patterson additionally has found, ". . . analysis of the siblings in normal and clinical families show that at the age of 3, the normal child performs coercive behaviors at an even higher rate than does our identified clinical sample . . . . " But what is an acceptable level of aggression in 3-year-olds is no longer so in 6-year-olds. Dr. Patterson's 6-year-olds have not learned to control this aggression. In effect, the older aggressive child is doing what is socially acceptable for a 3-year-old. These findings in turn suggest "it is crucial to employ effective parenting skills for the control of coercion around the age of 3." Patterson's findings suggest that families with hyperaggressive children should be provided proper training early, to avoid producing troubled, disordered children. Patterson's staff hopes eventually to develop an intervention program for 3-year-olds.

Dr. Patterson's program for modifying undesired aggressive behavior in children has thus far been rewarding. At the conclusion of treatment, the vast majority of participants felt that the entire family had been altered for the better: The child was happier, and the parents' attitudes toward the child had improved. As the child's behavior improves, through application of the social learning theory, the relationship between parent and child improves as well. As a result of a reversal of negative to positive attitudes toward the child, he becomes viewed, by other family members, as an esteemed and integral part of the family, thereby lessening his need to be aggressive.

The program boasts success in two out of three cases referred to the Center. The failure in the one out of three cases is attributed by Dr. Patterson and his staff to "poor parental cooperation, inability of the parents to be consistent with their children, a tendency for the children to demonstrate low rate but highly aversive behavior, and stealing to be a referral problem in cases which were difficult to treat." Conceivably, if the results continue to be as successful as they have been in the past, Dr. Patterson's approach to the social learning theory could be a treatment of choice for many young children who end up being seen in courts and in child-guidance clinics.

Moreover, this type of treatment can be economical because the average length of behavior therapy is approximately 16 weeks—the total amount of client-contact time. Compared to the average amount of 2 years one might spend in other forms of therapy, the saving in time and money is considerable. Dr. Patterson adds that, since parents can be trained to master the program and gain control over their child's behavior, it should be possible to train an intelligent, warm, perhaps retired housemother to perform the duties and responsibilities currently managed by Ph.D.'s and M.D.'s at the Oregon Social Learning Center and elsewhere. Buttressing Dr. Patterson's opinion, paraprofessionals, under the supervision of a psychologist, are now utilized at the Family Learning Center in Helena, Mont. Here they employ well-tested social learning principles, techniques, and procedures to help parents be a constructive influence on their children, making the home into a pleasant environment for the entire family. Furthermore, the training of paraprofessionals should further reduce the cost of therapy a family undergoes in the social learning approach.

Approximately one-third of all mental health referrals from teachers and parents are for problems of delinquency and aggression. Obviously, then, strategies to help children who show aggressive, delinquent behavior are necessary. Nevertheless, says Dr. Patterson, "if we try to address ourselves to the problems of delinquency in children, we must develop methods for changing the situation of the social environment which elicit, shape, reinforce, and maintain delinquent behavior. Rather than treating it symptomatically (i.e., trying to treat the delinquent child who is the end product of the system which creates delinquency), a successful solution to the problem of delinquency will require a frontal assault on the homes, neighborhoods, and classrooms in which these behaviors are taught."

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GAMES THAT HELP SOLVE LIFE PROBLEMS

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Chris and his mother, Gail, are playing a board game, a little like Monopoly, on the floor. Mother and son are using the board game to learn and develop skill in solving the problems that come up between them. Chris is red, and Gail is blue. Chris has just drawn a risk card that made him pay $50 into the bank because Gail refused to accept his "Please" (stop nagging me about my homework). Unless he can think of another "Please" she will accept, they will both have to pay another penalty. You can tell from his squirming that he does not want more penalties. The rules are that neither can discuss or argue a decision of the other, since that deflects from their task. Each can only say "yes" and go forward on the board and win bonuses or say "no," suffer a penalty, and follow the direction to go back and try again. Chris comes up with a new "Please" (help with his homework) which Gail accepts, and they both advance two spaces, and Chris gets $50 and Gail wins $100 from a bonus card. In the same way they negotiate when and how often Gail will accept. As they advance on the board, encountering bonuses and risks, they step-by-step negotiate the reward (I will pick up my things) and decide who will track the "Please" (keep a day-by-day performance record at home). They reach the last space together, fill out and sign a Contract (see exhibits 1 and 2), advance to GO, and collect $200 from the bank. Time elapsed: 12 min., 30 sec.; each is ahead $550. Chris is smiling; he thinks picking his things up will be a

Exhibit 1.

family contract
Problem Cards
Bonus Cards
Risk Cards
Reward Cards
SUGAR BOWL
go
1
2
3
4

Exhibit 2.

Contract #_________

Family # 038

Game # 3/3 3C

Date 6/30/76

CONTRACT

Red, please fill out this contract.

Red's Name: Chris

Blue's Name: Gail

PROBLEM:

1) What is the problem? My parent nagged me about doing my homework

2) How often does problem happen? When I have homework

3) When does problem happen? " "

4) Where does problem happen? at home

PLEASE:

1) What do you want Blue to do more of? ~~stop nagging me about it~~ help me with it.

2) When do you want Blue to do it? When I have it

3) How often should Blue do it? " "

REWARD:

1) What will be the reward? I pick up my things

2) When will you give the reward? when I pick up my things

3) Who will track the please? me

Signatures: Red: Chris

Blue Gail

> cinch, if it will keep his mother from nagging plus require her to help with his homework. Gail lets him think so, amazed at how quickly, after seven other contracts, Chris has learned to change his "Please" to solve the problem instead of just sullenly balking.

Chris and Gail are two of the people in a study directed by Dr. Elaine Blechman-Beck that is designed to train single-parent families to solve problems. This work is one of a series of Dr. Blechman's investigations in developing and testing forms of behavior therapy (Blechman 1974). There are a number of types of behavior therapies, variously defined by different partisans, and all of them distinguished from nonbehavior therapies. Psychoanalytic, Gestalt, social learning, and cognitive schools all have their practitioners; within schools there are further subdivisions of theory.

Although Blechman has had eclectic training, she sees herself as partial to learning theory, yet hospitable to any intervention that carefully specifies the result the intervention is supposed to achieve, that chooses its goals and makes them explicit, and that then carefully redesigns and recalibrates the process of intervention until it is clear the results are achieving goals. Blechman thus meets a common definition for a behaviorist: one who breaks down behavior into units that can be quantified and measured, thereby producing clear-cut results.

A slight, gentle, reflective person, Blechman is wary of being identified with any single school. She suggests wryly that each therapy system has its own devices and escape clauses for explaining its therapeutic failures. These are concepts used to explain that if the client doesn't change when the therapy is given, then there is some defect in the client, not the therapeutic system. The requirements of specifying goals and what will count as result, of stating what the behavioral units are and how they will be measured make the effectiveness of therapies easier for the researcher to assess. But even more, the requirements are themselves rules for a therapy, a behavioral one, which Blechman and her colleagues have developed, directed to specified, limited goals, that Chris and his mother, Gail, are learning.

Some other therapies may suffer not only from vagueness that results in failure to meet these requirements and, hence, are difficult to assess, along with having escape clauses to help explain failures, but also they may have successful clients who are helped, not because of the system of therapy, but from the charisma and concern of the therapist. This situation is good for the particular client but not for succeeding generations of therapists and clients of similar faith vainly seeking the same successes and wondering why they are such failures.

Finally, the requirements of specifying units of behavior, goals intervention results are procedural; they do not specify what the therapeutic goals should be, only that they should be made explicit. In this they differ from other systems that do claim some forms of behavior—heterosexuality, independence, warmth, for example—are healthier or more "normal" and more desirable than others.

But the behavior therapy Blechman embraces allows for specifying a goal and then abandoning it if it is unsuccessful. Its negative side effects may prove worse than the benefits. It may not have benefits. It may benefit in some contexts but not others. She believes we do not know enough at both the individual and social level yet to be confident that we always know what "good" behaviors are.

Behavioral therapy looks at many interpersonal problems as amenable to experiment and improvement through problem-solving skills that can be taught quite quickly to clients themselves. They do not need a charismatic therapist. Thus, this approach avoids raising the fear of control or manipulation by others sometimes incited by other varieties of behavior modification, since this one aims to transfer a skill directly, for people to help themselves. The theory is that what they learn is not the solution to a single problem but a skill which they practice by successively applying it to many. The skill has long-range applicability, and they can generalize it in their own way.

But what are these skills? What are the steps in this process of problemsolving? How are they taught? And how is behavioral therapy designed so that the clients themselves are empowered to help themselves? These are some of the questions Blechman has addressed in her work. She has elected to concentrate on the relatively young discipline of behavioral family therapy, which concerns itself with marital conflict and child-related problems and has focused on the latter (Blechman and Olson 1975).

In the last few years especially, applied behavior analysis has moved out of the laboratory and beyond animals to apply its operant principles to the real world of people with real problems by developing interventions for them. In *parent training*, parents learn to use behavioral principles to diminish a child's undesirable behaviors and strengthen desired ones (Berkowitz and Graziano 1972). In *parent-child contingency contracting*, the desired change in behavior is translated into a written contract between the parent and child, making the child an active participant. A third kind of intervention, called variously *family negotiations, systems, or problemsolving training*, teaches to both parent and child a skill which they learn and practice together. It is this type of intervention that Blechman has chosen to explore.

TRAINING IN PROBLEMSOLVING SKILLS

Behavior therapy is usually thought of as a way of achieving a solution to a specific behavior problem. But this is not the only goal. Another goal may be to transmit a skill in family problemsolving, which is not itself a solution but a *process* for achieving one. Which of these goals should be emphasized depends in Blechman's view on three factors: how specific the problem is, the source of the complaint, and how many of these skills the clients already have. Behavioral interventions can be designed to place emphasis on means (the problemsolving process) or ends (the solution).

The solution emphasis is often most appropriate when the problem is specific. Bedwetting, stuttering, obesity, a phobia, an addiction are examples of specific problems. Everyone involved recognizes the problem and needs a solution; the sole criterion of success is the measure of change in the target behavior; the therapist functions as an expert directing the clients. But if the problems are vaguer—nagging, school adjustment, quarreling, depression—target behaviors to be changed must be pinpointed and, in doing this, therapists' own theories of personal adjustment and social class values may influence their choice of solution. This influence is ethically questionable and practically may decrease the client's compliance.

Similarly, if the source of the complaint of the problem behavior is not the client but family or friends or other external figures, who view the client as incapacitated, inadequate, or threatening, the client may not consider the complaint justified, any imposed solution is unlikely to be popular, and its maintenance will require unrelenting surveillance. Transfer to self-control may be an unrealistic goal. A solution emphasis is likely to have limited success.

The client's repertoire of problemsolving skills also helps determine emphasis. Some families are good at solving most of their problems but will snag on a new one or one kind in particular. Here a solution emphasis is appropriate. But other families have a very limited repertoire of such skills and repeatedly fail at many kinds of family problems. But Blechman's assumption here is that such people are *not* therefore poor candidates for therapy, only that they are poor candidates for therapy as usually conducted. Treatment technology should be altered to suit the clients' capabilities.

The design of the intervention should take all three of these factors into account. In all three such cases—with vague or diffuse problems, external figures pressing for change, the presence of low problemsolving skills in the family—we see under some conditions that a solution emphasis may be inadequate and probably ineffective. Under these conditions an emphasis on means, the *process* of problemsolving, is more appropriate.

A CASE STUDY

The treatment of a severely depressed woman illustrates emphases on both solutions, and the process of gaining skills for training had to take place in order that solutions become accessible to the client (Blechman 1976). The focus during treatment was on acquiring problemsolving skills to equip the client to deal with new crises and ward off recurrence of depression.

Methods

> The client, named Mrs. Jones, was a 43-year-old, high school-educated Catholic woman with six children. Two years earlier she was hospitalized briefly for depression at the height of a crisis in her marriage. She was separated and divorced from her alcoholic husband. For 2 years Mrs. Jones moved through individual and group therapy with five different nurses and psychiatric residents. When behavioral treatment and study began, Mrs. Jones lived at home in a continuous at-

mosphere of emotional and financial crisis. She said that she was unable to manage her finances or her family. Her three adult sons (two of whom lived with her) included one who abused alcohol, one who was drug dependent, and one who was AWOL from the Navy. She could not meet the mortgage payment on her house, and she had neither heat, electricity, nor a telephone. She appeared completely overwhelmed and constantly burst into tears. Her medication (200 mgs. of a commonly prescribed mood elevator) provided little help and had unpleasant side effects.

Mrs. Jones was given tests to establish some baseline data about her capacities, which could then be used to measure her progress. She scored 73 on the Cattell Culture Fair Intelligence Test before treatment. Her own report about her life provided little evidence that she had ever functioned self-sufficiently for a prolonged time. To assess how well she was progressing, Mrs. Jones completed the Eysenck Personality Inventory and the Bernreuter Self-Sufficiency Questionnaire before and after treatment.

The therapist was a college-educated young woman with no formal training in psychotherapy. A study was designed to measure Mrs. Jones' progress and the effectiveness of her treatment, which occurred in three spaced periods, called "interventions." The design of this study alternated three periods that established baseline data (A) with three periods of intervention (B), six phases in all. The first period of intervention consisted of 17 training sessions over 21 weeks. After 13 weeks another intervention reinstated training for a further seven sessions. After 15 weeks, three "booster" sessions comprised the third intervention period of fading-out therapeutic contacts. These alternating periods allowed training to be introduced, interspersed with periods when its effects could be measured. As Mrs. Jones acquired skills from the training, her improvement could be measured, even as training was attenuated. The study gradually prolonged the intervals between therapeutic contacts during interventions, gradually escalated expectations of Mrs. Jones' self-sufficiency, and included a year-long followup period during which there was no contact with the therapist; Mrs. Jones was by then expected to do well on her own.

Two measures were selected to assess the intervention's impact. One goal of intervention was to have

Mrs. Jones feel better. Another was to make her more effective in solving her own problems. First, Mrs. Jones had long relied upon mood-elevating drugs to combat unhappy feelings. Drug use before, during, and after treatment was chosen as an indicator of her subjective emotional state. If the client felt better, it was expected that she would take less medication.

Second, routine conversations with Mrs. Jones revealed a hopeless, passive orientation to problems. She repeatedly cried, raised problems, and ruminated about consequences. She elicited advice but listened halfheartedly and never followed it. Therefore, her inclination to solve her problems was assessed in this way. Mrs. Jones talked with a different, unfamiliar staff member during 19 video-taped discussions, called "probes," scattered throughout baseline and intervention periods. Trained raters coded the frequency of Mrs. Jones' complaining and problemsolving statements during these video-taped probes. Her problemsolving inclination was measured by the frequency of her problemsolving statements divided by these statements plus complaints. The ratio was expected to increase as Mrs. Jones gained experience and confidence in her ability to solve her own problems.

Mrs. Jones' behavior with other people was sampled in a series of 19 video-taped discussions or probes. Ten-minute-long video-taped probes were scattered throughout baseline (A) and intervention (B) phases of the study. During each probe Mrs. Jones was asked to chat with one unfamiliar staff member. Staff members rotated over probes and were told to treat the interview as a casual social contact. If a probe and a training session were scheduled for the same day, the probe was conducted first to avoid an ephemeral impact caused by that day's training.

Intervention Procedures

Early intervention sessions (B1) began with a recitation of problems by Mrs. Jones: her own, her children's, and her neighbors'. Each time she raised a problem of her own, the therapist asked her to suggest a feasible solution (e.g., "What would you do about that?"). The trainer ignored Mrs. Jones (by not responding verbally or nonverbally) when she discussed others' problems or when she denigrated herself.

Whenever Mrs. Jones suggested a possible problem solution or said something good about herself, the trainer showed interest with assent, approval, or agreement or with humor and laughter.

The trainer acted out models of problemsolving, thinking out loud about issues and presenting alternative solutions from which Mrs. Jones was encouraged to choose. The trainer elicited self-approving statements by asking Mrs. Jones at the beginning of each session what she had done well during the week.

The latter portion of most training sessions was devoted to the development of a homework assignment. Typically a solution which Mrs. Jones had decided upon was thought through and made concrete: An assignment to contact legal aid included a list of questions to ask the lawyer; an assignment to decide about selling her house included the development of a pro-and-con list; an assignment to list her own good qualities followed a session in which Mrs. Jones explored how she thought worthy people act.

The concepts of assertiveness, self-esteem, and decisionmaking were used by the trainer to label the steps Mrs. Jones was taking. And Mrs. Jones reported reading and rereading *Your Perfect Right* by Alberti and Emmons for encouragement.

During the second intervention phase (B2), the trainer was gradually removed from the problemsolving process by substituting a programmed game board for the discussion with the trainer. The purpose was to "wean" Mrs. Jones from dependence on the trainer as she increased in competence. The game board guided Mrs. Jones through steps leading up to selection and evaluation of a solution. Assignments during B2 focused on setting priorities and formulating plans of action independent of the trainer.

During the third training phase (B3) the trainer administered three booster training sessions in which she once again elicited and encouraged active problemsolving and self-approval by Mrs. Jones.

Results

Interpersonal behavior was observed and coded over the 19 10-minute-long video taped probes. The observer watched every other 10-second interval and counted every problemsolving and complaining statement that occurred in the interval. Problemsolving statements related to solution of a problem and included general or specific mention of a solution as well as statements of confidence in the solution. Complaining statements included descriptions of problems, consideration of the causes and implications of problems, and statements of hopeless attitudes about problems. Raters overlapped on one out of five probes.

Figure 1 displays Mrs. Jones' problemsolving and complaining statements before, during, and after intervention. Before treatment (A1), problemsolving statements represent 38.5 percent of problem-relevant remarks. During the first intervention phase (B1), 48 percent of remarks were problemsolving statements. This ratio held constant during the subsequent baseline (A2). During the second intervention phase (B2), problemsolving statements increased from 48 to 59 percent. Problemsolving statements declined to 53 percent during the subsequent baseline (A3) but rose again to 59 percent during the fading-out period (B3).

Figure 2 shows dosages of a mood-elevating drug which Mrs. Jones had taken at the rate of 200 mgs. a day for the 2 years preceding treatment. In the middle of the second intervention phase (B2), Mrs. Jones asked for a reduced dosage from her physician. During Baseline 3 (A3), she cut down to one pill a day. By week 83 and through followup she was totally drug free.

On the tests of her progress, Mrs. Jones increased her extraversion score (from 7-pre to 9-post) and decreased her neuroticism score (from 17-pre to 12-post) on the Eysenck Personality Inventory. On the Bernreuter Self-Sufficiency Questionnaire, her score increased (25-pre, 32-post).

By week 83, Mrs. Jones had sold her house, paid her outstanding bills, and rented an apartment which she occupied with her two youngest children (the older children were now on their own). She bought a car and obtained a part-time job. In a final interview conducted by an interviewer whom Mrs. Jones had never met before, Mrs. Jones reported that self-confidence was no longer a problem and that childrearing problems were few.

Mrs. Jones spontaneously sent a letter to the trainer 3 months after the last fading contact and wrote, "I still have goals to reach and will work on time limits to accomplish them." Phone calls placed during the fourth, fifth, and twelfth followup months indicated that positive change had been maintained.

Figure 1. Changes in Problemsolving and Complaining Behavior As a Function of Problemsolving Training

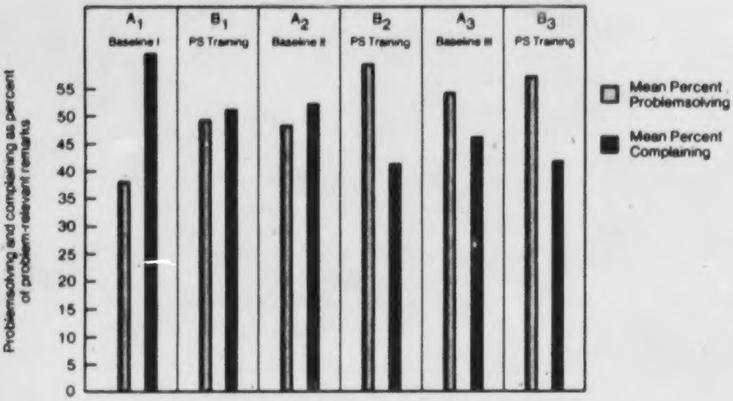
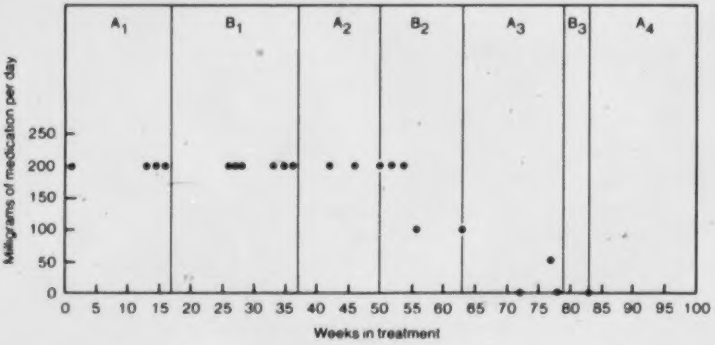


Figure 2. Changes in Use of Mood-Elevating Drugs



Discussion

The hallmarks of behavior therapy, both as a solution for a particular problem and to teach problemsolving skills, are present in this case study (Blechman et al. 1976). In the design the problem is "operationalized," that is, translated into a specific set of behaviors for this case that can be observed and measured: complaining behavior and taking medication. The goals are to replace the complaining with problemsolving behavior and to forego medication. The problem behaviors are not punished but recorded and ignored. Desired behavior is reinforced with praise. In this case the therapist also spent a great deal of time and care in "modeling" problemsolving by doing it herself; Mrs. Jones' attempts at it were "shaped" through her homework assignments where she practiced doing it herself. Gradually Mrs. Jones took over the problemsolving procedure, beginning with selecting the next problem to work on and culminating in compliance with the selected problem solution.

It is not a great exaggeration to suggest that as the power of chemotherapy lies in the drug, the power of behavior therapy lies in the measurement.

The care and devotion given to measurement are perhaps what most distinguish behavior therapies from other kinds. Measurement is not only a recording tool for the therapist to assess change; it can itself be an instrument of change as it becomes part of a feedback loop of information for the client. It is not a great exaggeration to suggest that as the power of chemotherapy lies in the drug, the power of behavior therapy lies in measurement. The milligrams of Mrs. Jones' medication were measured, and thus the drop in dose during the second intervention was visible evidence of progress. Complaining and problemsolving behavior were video-tape recorded and then coded in very detailed and specified ways to ensure uniformity so that there was *evidence* of improvement. This evidence of improvement provided motivation for further improvement. The design of the intervention, interspersing phases of baseline (A) with intervention (B) in an A-B-A-B-A-B pattern provided a way to measure the effect of each intervention on the selected target behaviors.

During all this while, a transfer of power from therapist to client was taking place, perhaps the most precious gift of the behavioral approach. Positive changes occurred in every measured and observed aspect of Mrs. Jones' life: in interpersonal behavior, self-ratings, use of medication, and, most important, in her life situation. Over the weeks she learned and practiced a skill so that she could do it herself.

What evidence suggests that these changes were attributable to the training procedures? First, Mrs. Jones suffered from unremitting depression for a period of 2 years before treatment began, as indicated by a careful reading of therapist notes. Further indication was provided by the manner in which Mrs. Jones was transferred from one therapist to another and maintained at the same high dosage of medication.

Second, measured changes in interpersonal behavior coincided with the onset of training phases. The first phase in training brought with it a greater equalization of complaining and problemsolving behavior. This change was maintained during the subsequent baseline (A2). The second phase in training was associated with a reversal in the relative standings of problemsolving and complaining behavior—the former predominated. There was a slight reversal in the subsequent baseline (A3) and a recurrence of improvement in the final fading-out period (B3).

Mrs. Jones' decision to cut down her medication was regarded as a positive change by the client. This change coincided with the second phase in training and was maintained thereafter.

This case study was designed to shed light on the effects of problemsolving training on interpersonal behavior and psychotropic drug use. So much measurement took place (the interpersonal probes) that we cannot rule out its *reactive* effects, that is, the possibility that *the measuring process itself produced some of the changes*. Since Mrs. Jones knew her behavior was being monitored and scored, she may have complained less and solved problems more, in part simply to up her score. Therefore, we must tentatively conclude that both intervention and measurement procedures contributed to the positive findings reported here.

Even if measurements were reactive, it would still be desirable to introduce the (A-B-A-B-A-B) design of this case study and its measurement procedures into the clinical setting along with the problemsolving intervention. First, the intervening and recurring baseline phases alternating may promote maintenance of change. Second, measurement of interpersonal behavior also provides feedback to the clinician, who typically cannot directly observe subtle shifts in client behavior with people other than himself. It can tell him how well the intervention is working. Third, measurement also informs the clinician of changes in social behavior that may precede changes in the depressed client's subjective self-reports, that is, before the client is aware of them, and this may be useful feedback.

Pragmatic problemsolving, encouragement, realistic feedback, and structured assignments are not new intervention procedures. They have been used in nursing and social work (e.g., Miles and Harp 1975). Although more time-consuming than drug therapy, a structured problemsolving intervention may be preferable for women low in self-sufficiency and beleaguered by financial and childrearing problems. It offers dual benefits: resolution of immediate problems and acquisition of enduring skills.

PROBLEMSOLVING WITH SINGLE-PARENT FAMILIES

The success of Mrs. Jones in learning problemsolving that enabled her to help herself, even though initially she seemed to have a very limited repertoire of skills, suggests further development of such therapy along several lines. First, one cannot help wondering whether, if the intervention had come earlier, the sad history of the family and her depression could have been avoided or at least mitigated. Mrs. Jones had six children and an alcoholic husband. Of three adult sons (two still living with her), one abused alcohol, one was drug dependent, one was AWOL from the Navy. Might earlier intervention within the family itself have prevented some of this pain and unhappiness?

Some more traditional "talking" therapies have not been too successful with clients who are not middle class, not used to unstructured situations, not highly verbal or sophisticated. Mrs. Jones herself spent 2 years in psychiatric and group therapy. As often as not, attempts at therapy have been characterized by high dropout rates and low compliance.

In behavioral family therapy, one tool for interpersonal problemsolving has been the contract between spouses or between parent and child. This has been used successfully with adult clinical populations (Tighe and Elliott 1968; Boudin 1972), with normal child populations (Homme 1970; Cantrell et al. 1969; MacDonald et al. 1970; Dinoff and Richard 1969). But Weathers and Liberman (1975) have described an unsuccessful effort to use contracting as an intervention with delinquents and their parents.

Blechman believes the contract device used imaginatively can be very useful for some early interventions in family interpersonal problems, even and especially where other therapies have been less successful. She believes the Weathers and Liberman findings may be due to four conditions not present in their study, which may be necessary for a successful contract approach.

A first condition is that the therapist's praise be valued by the clients so that it matters to them whether their efforts and contract compliance please or displease the therapist (or trainer). Thus, at the beginning of each training session the trainer can set up a small, specific goal that structures the session as goal directed and makes it easy for family members to earn credible and contingent praise from the trainer.

A second condition is that the child should regard contracting as a way to increase his or her power in the parent-child interaction. Both parent and child behaviors must be seen as amenable to change, or there is no reason to "buy in." The child does not typically have access to the rewards and reinforcers the parent has, only the threat of "aversive behavior" that can disrupt. In training, *both* parents and children identify problems to solve and alternate in raising problems and writing contracts to solve them.

A third condition is that family members should feel pride when contracts succeed. This is far more likely if the contract is not mainly the work of the therapist but is the result of their own efforts in goal setting, tracking desirable behavior, and meeting goals. To increase the probability of these, during the task of working out the contract, antagonistic or diversionary off-task behavior must be minimized, while on-task problemsolving behavior must be accelerated. To accomplish this, Blechman has developed a board game played in training that takes families through each problemsolving step.

A fourth condition necessary for any long-term change is that families must learn these steps so that they can themselves apply the process to new problems on their own. To increase the likelihood of this independence, Blechman provides that the family in training negotiate two contracts at the board game and carry them out on their own during training weeks, until each contract is 70 percent successful or is renegotiated at the board. Other contracts written during training can be stored for use after training ends.

Contract approaches that build in these four conditions appear to promote successful family interventions. This is illustrated in the work of Weiss, Hops, and Patterson with married couples (1973), by the work of Alexander and Parsons with delinquents (1973), and in Blechman's and her colleagues' own work with single-parent families (e.g., Blechman, Olson, and Hellman 1976).

Blechman's choice of single-parent families as a proving ground for developing a family intervention that teaches problemsolving skills may seem, at first glance, a case of picking the hardest possible case. Moreover, in her most recent studies not only have clients been predominantly single parents, but also the single parent has been predominantly female and poor and the family likely to be what social workers call "multiproblem."

The female single parent is likely to command fewer of the material, financial, and social reinforcers available to a family of two parents, which comprise our cultural norm and provide the basis for many of our economic and social exchanges and arrangements. This lack may isolate the family socially. Some female-headed, single-parent families are additionally handicapped by social disapproval. Widows and widowers may head families that are socially isolated, but they will not feel the subtle or explicit condemnation an unmarried female head of family may. Finally, when the roles tradition allots to two parents now fall to one parent, something called "role strain" may result, as the single parent must now start carrying out unfamiliar tasks that formerly were inconsistent with his or her role.

These conditions may produce for the single-parent family, as they did for Mrs. Jones, an overwhelming number of problems that may make family members conclude they are helpless and hopeless failures. What follows may be family and individual disintegration, as with Mrs. Jones and her family. Their repertoire of skills may be limited. They are less likely to benefit from traditional therapies that assume some sophistication with psychological concepts and verbal facility in interpersonal affairs.

Training in the process of problemsolving may be one of the few ways out. It cannot, of course, solve every problem, nor is it designed to. It cannot "solve" congenital problems, psychoses, addictions, or problems so dire, immediate, or symptomatic, such as child abuse or self-mutilation, that emergency intervention is required. Family members must be capable of organizing information, planning, evaluating alternative plans, and choosing one with a good chance of success. But even with these conditions and caveats, there are a great variety of problems and great numbers of people for which this training may be appropriate. It is the limits of these conditions that Blechman is exploring.

THE FAMILY CONTRACT GAME

The family contract game was designed by Blechman and her colleagues to be an enjoyable and effective way to resolve family interpersonal problems: A board game leads them through the basic steps in problemsolving and negotiating a written agreement or contract. The game is actually what is called an "algorithm," a step-by-step path to the solution of a behavioral complaint. Players choose a problem, a desirable replacement behavior, and a reward for it and agree on the details of the contract. With each agreement, and only if there is agreement, they move to the next step. Players may accept or reject each others' proposals, gaining mutual rewards or penalties for doing so, but they may not *discuss or justify* their decisions, since doing so diverts attention from the task. Further, to keep attention on the task, there is a 15-minute time limit to getting around the board and negotiating the contract. The game is a useful tool for solving immediate problems and with practice provides the family with a long-term strategy for solving future problems, without making the family dependent on a therapist for advice and expertise.

There is a set of basic assumptions, for each of which there exists sometimes anecdotal but still persuasive evidence, that undergirds and directs how the game rules were formulated. The first is that, given *no* constraints or directions, families in conflict are unlikely to resolve their problems creatively and effectively.

Second, given no constraints or directions, families in conflict, far from reinforcing each others' problemsolving behavior, will undercut and block it by being unresponsive, by interrupting, by denying or excusing their own behavior, or by attacking each other with insults, criticisms, and complaints.

Third, a game designed to signal to players exactly how and when to receive and give token and social rewards for selected desired behavior can bring players under the game's stimulus control. This is on-task training in solving a problem together.

Fourth, under the game's stimulus control, the family's rate of off-task or nonproblemsolving behavior should decline drastically.

Fifth, players initially need training and assistance in implementing a solution. These can be given through prompting, monitoring, modeling, and reinforcement by the trainer.

Sixth, conflict behaviors are functionally related so that measurable improvement in problemsolving should also bring measurable improvement in other areas of conflict behavior such as parents' evaluation of child's behavior or voluntary participation in joint family activities. Thus, there should be a spread of effects from the intervention.

Seventh, the game is meant to provide such powerful inducement to problemsolving behavior that, while playing it, players *temporarily* greatly increase desirable behaviors in a structured and dramatically altered social setting. To test whether and how much the game itself was changing the players' behavior, an A-B-A or reversal design was used (where B is the intervention and A is when the family is on its own). If desirable problemsolving behavior increases during B and is due to playing the game, then a reversion to the level of A should occur after B, when the game is removed. So three additional assumptions address how training may build transfer and maintenance of changed behavior into the process, since it is not assumed this development occurs automatically.

Eighth, the game's stimulus control in changing behavior can be transferred to other settings if it can be taken and played outside the lab or clinic where training occurs. The game is designed so that after players have been trained and have mastered playing it, they can take it home and use it for problemsolving there.

Ninth, use of the game should be maintained as long as the experience is rewarding to all family members. Immediate rewards are the fun of playing the game and the rewards from changed behavior specified by the contract. Delayed rewards come from having problems solved, an increased sense of competence in solving them, and approval from people outside the family, including the therapist, for the increased competence. The device of the game and the fun of it "sell" the contract that requires real-life changes, as sugar coats a pill that has real physiological effects. Then the contract device requires and begins to provide evidence and a tracking record to each player that the other can be trusted in a *quid pro quo* to solve a problem. The building of trust over a series of contracts provides a reservoir of confidence in each other's behavior in problemsolving as, at the same time, the repertoire of skills is gradually increased.

Tenth and lastly, family members who become skilled should be able to transfer their improved skills in problemsolving to untrained family members and others. Because game players have not been taught simply a solution but have had training and practice and success in a process made explicit at each step, they can transfer the new competence to introduce others to the process.

The game board is divided into 14 squares or steps that the players move along together. These run along the four sides of the board, grouping the four basic components of problemsolving: *Problem Choice*, in which players select a target behavior to negotiate; *Please Description*, in which they agree on a more pleasing behavior to replace the problem behavior; *The Reward*, in which they decide on the event, activity, or commodity which will be the reward, and *Contract Settlement*, in which a specific contract is agreed upon, written, and signed.

In the center of the board are four decks of cards: problem cards made out by the players, from which the target behavior is chosen; reward cards made out by the players, from which the reward is chosen; risk cards, which impose game penalties when a player says "no," regardless of the reason; and bonus cards, which give players game rewards for saying "yes." When players agree on the question posed within each unit, and before they move on to the next unit, the board instructs them to reward themselves with money and a bonus card draw. When they disagree, the board instructs them to repeat the unit, pay a fine, and draw a risk card. In this way the game reinforces cooperative problemsolving, helps players to express their requests constructively, and keeps the attention of young players.

Players take turns with the red and blue markers in successive contracts. Red raises a problem and writes the final contract; blue is the target of the complaint and the banker during the game. The contract, once signed, is honored and tracked for a week and then discussed to see if it is working or needs changes, in which case it may be re-entered into the problem cards.

There are three rules of thumb for writing problem cards. The problem card should describe an action or event that can be observed and counted ("You're incredibly stupid" is not as good as "At dinner you invariably disagree with my football views."). It is open rather than disguised ("I want to stay up till midnight on Saturdays" is better than, "You never let me stay up late."). It happens fairly frequently ("You always forget to observe Mother's Day" is not as good as, "You were late for dinner three times last week."). In this way players learn to translate feelings and attitudes about each other into specific negotiable behaviors.

Similar rules control turning a problem behavior into a "Please" (a request specifying the new desired behavior) during the first phase of the game. Good "Pleases" are so clearly and positively specified anyone can perform them ("Stop leaving your room in such a mess" is negative; "Keep your room picked up" is vague; "At 5 p.m. every day hang up your clothes in the closet and put your toys on the shelf" is good). Good "Pleases" do not introduce new behaviors that are only new problems. If the problem is, "You talk to me when I'm on the phone," "When I'm on the phone, write me a note and I'll write you an answer" is not as good as, "When I'm on the phone, write me a letter and deliver it when I get off telephone." Good "Pleases" try to give the same social, emotional, or material rewards as the problem behaviors they displace. For the problem behavior, "You hit me when you're angry," a good "Please" might be, "When you're angry, tell me in a loud voice that you're angry. Then sit down and talk about what made you angry for at least 5 minutes."

The rewards play an important role in the contracts of novice players who do not yet have enough evidence to trust each other that their efforts at changed behavior will be worthwhile to them. For experienced players problemsolving and arranging mutually satisfying behavior become intrinsically rewarding. At times parents are skeptical about rewards ("He ought to be good without rewards" or "The *reason* for her misbehavior must be removed or the treatment is superficial"). But some of these parents are persuaded by discussing the difference between bribes and rewards and by the argument that all behavior reaps consequences whether by plan or chance, and this is by plan.

During the fourth unit, players negotiate the contract schedule: when the "Please" and the reward should occur, and what the ratio of behaviors to reward should be. When the new behavior increases significantly, players may want to renegotiate the ratio and eventually drop the reward altogether, because for one player the new behavior is now built in and no longer inconvenient and has gotten rid of conflict, and because for the other player rewarding such now frequent behavior has become tiresome. Tracking is cumbersome and easily neglected but important to establish how well the contract is working, so it should be made as easy and convenient as possible.

THE NEW HAVEN STUDY

Building on several years of work developing family-therapy interventions that included a board game for training and practice in family contract negotiations, Blechman and colleagues at Yale University designed and developed a project to train single-parent families in problemsolving as a method for resolving conflict. The method had to be enjoyable, spread responsibility over all the family members, encourage the open statement of needs, and provide intrinsic rewards for compliance with the negotiated contracts. It should use a procedure that could be taught to nontherapy-trained professionals. The method should be applicable to poorly educated and nonmotivated clients. It should use a procedure which the family would be likely to go on using after training was over.

A clinical-research unit was set up as a branch of a community mental health center. One-parent families were referred by schools, courts, and agencies. Advertisements encouraged self-referrals, and in time there were a number of family and friend referrals. Over the 2-year project, 90 single-parent families requested information, advice, or clinical help (84 mother-headed and 6 father-headed). The age range of the children who participated was 5 to 17 years, with a mean of 10.5 years: 58 boys and 32 girls. The main problems the families wanted help for were, in order of frequency: the parent-child relationship, the child's self-control, the mother's behavior, the child's disturbed social relationship, the child's antisocial behavior, and the child's physical disability.

After an intake interview to determine whether problemsolving training was appropriate for the problem—the clinic offered other kinds of help as well—and whether the family's level of interest in training was sufficient, 47 families were offered and accepted treatment.

The families were randomly assigned to one of four groups. Group FC learned problemsolving with the Family Contract Game and received approval (social reinforcement) from the trainer for success at specific goals. Group FCM had the same treatment but received a small cash reward (a maximum of 50 cents per family per session) for its success. Group IE (Intensive Evaluation) went through the same *measurement* procedures as both groups but had no *treatment* training. This group was a control and, as we shall see, raised both a methodological and ethical issue for Blechman and her investigators, which triggered a change in design and nicely illustrates a dilemma that confronts a scientist whose research subjects are human beings with needs that can confound research design standards. Group WL was a Waiting List control, and these families waited the length of FC and FCM training before starting their training.

The procedure is this: the families bring in lists of their problems and answers to a questionnaire. During the first session a clinically experienced interviewer spends considerable time eliciting family complaints and opinions about what to do. Near the end of the interview in the first of a series of 5-minute video-taped probes, the family is asked to discuss one of their high-priority problems, and the tape is then coded by a trained rater. If problemsolving training seems appropriate and they are willing, the family is assigned to a group. The goals of the treatment are: the success of two family contracts (one a parent's, one a child's), defined as 70 percent success, and observable improvement in problemsolving behavior. Those starting training are given assignments to record at home the daily frequency of the top three behavior problems to establish pretreatment baseline data along with two subsequent probes.

At the second session a paraprofessional trainer demonstrates the Family Contract Game, which the family is seeing for the first time, having parent and child select one of their problems and go through the steps of the game, making sure the result is a realistic and positive contract. Nothing but game-related comments are allowed; time is allowed for discussion later. When the game is successfully finished and the players have been congratulated, the trainer goes over each step of what is required by the contract in detail until each member agrees it is likely to succeed.

The family goes home and continues to record and count problem behaviors and to track contract performance, too. Each week a clerk makes a phone call on a day chosen at random to collect the day's count from each member. A probe is collected between every two subsequent sessions. The probes are coded and analyzed to see what changes in behavior are taking place.

Enormous care goes into nurturing success of the first contract (and the second, one each for parent and child). If by the third session it is not 70 percent successful, it is reworked or even replayed on the board. If record keeping is deficient, members are reinstructed.

For the second contract the trainer leaves the room, and the game play is video taped while the players negotiate their contract independently. After 15 minutes the trainer returns and congratulates them if they have been successful and, if not, assures them they can finish at the next session. Again, discussion extraneous to the contract is postponed until the session's end, when the home records, behavior, and first contract are carefully reviewed. These first sessions are painstakingly detailed, highly structured, and highly reinforced. In subsequent sessions a new formal contract may be written, but two are the most that should be worked on at one time. Therefore, the family learns to thin rewards and fade from formal to informal agreements after session six. At that time home training is introduced. This is the beginning of generalization, "weaning" the family away from the setting where they depend on the therapist and building confidence in their own powers of problemsolving, substituting weekly home family meetings for the clinic appointment. Probes are still collected and coded to measure their progress, and family members still come to the clinic to discuss home meetings and report results. Later, they do not come to the clinic, but the trainer calls to check success of the home meeting; still later, the trainer calls only if needed by the family. This is the process of fading. Finally, the family returns 3 months and 6 months from the last session (the 10th) for followup. Families can always call in the event of problems and use the game and home meetings as they see fit.

This was the therapeutic or clinical aspect of the study. Meanwhile, the research aspect was proceeding. For each family, video-tape probes had been collected and coded over the course of pretreatment while the baseline was established. Further tapes were taken of those undergoing training in the Family Contract (FC) and Family Contract with Money (FCM) groups. The tapes coded 28 verbal and nonverbal behaviors in order to be able to quantify behavior changes with subtlety and precision. A Family Problem-Solving Efficiency Scale assessed the degree to which discussion brought a mutual solution, with implications overtly considered, revised, and accepted by each family member. Using it allowed the rater to assign a score to each problem discussion. Third, a Topic of Discussion Record cataloged, put in sequence, and timed topics within the process of discussion.

This staggering commitment to capturing observations of behavior units and quantifying them strikes some critics of behavioral research as tedious beyond compare at best and at worst as a soulless travesty of the true richness and complexity of human communication. One reply to such critics might be that for a family deeply in conflict, for whom other forms of therapy are ineffective, something that works cannot be called a soulless travesty. Another reply is that, precisely by virtue of tedious (behaviorists usually prefer the term "painstaking") specification and data collection, behaviorists can lay claim to findings that are firm, public, and replicable.

AN ETHICAL DILEMMA OF RESEARCH ON HUMAN SUBJECTS

Behavioral interventions occur at an interface between scientific rigor and competing requirements due to human subjects. Sometimes these do not reinforce but, on the contrary, cut across each other. An illustration of this occurred with the Intensive Evaluation (IE) control group. This group underwent the same pretreatment baseline measuring procedures as the two treatment groups, so that the effects of the two treatments could be measured by comparing changed behavior of the two treatment groups against the behavior of the treatmentless IE group.

Unfortunately and unexpectedly, the pretreatment measurement had a reactive effect, which showed up in the video tapes. Families asked to come in repeatedly to discuss their problems without training or a structured approach to problemsolving became *more* hostile and *less* constructive. Video-coding showed them over time to spend less time "on-task" (solving the problem) and to exhibit more negative social behavior. Thus, the procedure that was supposed to simply measure their conflict may in fact have been increasing it. This is both an ethical and a methodological dilemma.

The Hippocratic injunction, "Above all, do no harm," weighs heavily on researchers investigating clients who need help. The procedure not only denied treatment to the IE group; it was harming them. When this result was discovered, the group was put on the waiting list for treatment. Still, this was a significant and unexpected finding, evidence that simply "talking out your problems" can do more harm than good, which is important to know.

Methodologically, the remedy was more complicated. This was not a factorial design study (to elucidate which variables contribute to the effectiveness of treatment) but one to assess the relative effectiveness of two treatment variants: Family Contract and Family Contract with Money, and two control groups, the Intensive Evaluation and the Waiting List. All families except the WL group were studied in an A-B-A reversal design, where B was the intervention period and A the baselines, three video tapes of 10 minutes each period for a total of nine video-tape probes for each family.

When the key control group (IE) may no longer be used in a design for ethical reasons, the research problem is to design an alternative. Additionally, because families in this control group actually became worse, the measuring process was not measuring a baseline but *producing* a declining performance. One design alternative recently developed in detail by Hersen and Barlow (1977) is the use of designs time-lagged over clients. With such a design every group is guaranteed treatment sooner or later, but groups started together on baseline measurements are time-lagged or staggered into treatment. Thus, group 1 starts treatment, and these results can be compared not only to their baseline but to the other groups' baselines that are continuing. Later, group 2 starts treatment, and those results can be compared with the first treatment as well as the other continuing baselines. In this way the relative effects of the two variations in treatment can be teased out. There is some question whether measurements of behaviors such as family conflict can ever be truly neutral and not reactive. One might argue that, if so, video taping an extended pretreatment should not have been done. But without the taping, one would never have known the damage was being done. Knowing it, one can turn to altered designs such as multiple baseline designs or other single-subject designs.

FINDINGS

- Learning to solve problems by playing a contract game to reduce a family conflict heightens the commitment of family members to change. A monetary incentive (extrinsic reinforcement) seems to *reduce* this commitment. Perhaps to be paid implies you are satisfying someone else's goals instead of your own.

- Repeated discussion of problems *without structured guidance* tends to *increase* family conflict. This disconfirms a prevalent belief in the therapeutic value of "talking things out."
- School-age and early adolescent children can become partners in the problemsolving process, despite inexperience and their power disparity, by training with a tool such as the Family Contract Game, accessible to all ages. Because of this, they are more likely to buy into the process.
- The Family Contract Game was shown to be effective for low-income, single-parent families in conflict, a group for which many therapies have been less effective.
- If used repeatedly, the game promotes rehearsal and command of a new style of interaction for continued use independent of a supervising therapist.
- The training was successfully administered by nonprofessionals with bachelor's degrees and training only in these procedures.
- Some advocates of role-differentiation theory have argued that in female-headed, single-parent families, father-type decisions (the instrumental leadership role) may not be carried out. This was found not to be the case. Single-parent mothers did fill this role in problemsolving with their families.

OTHER USES FOR PROBLEMSOLVING TRAINING

Blechman and her colleague Frank Chu have extended the use of the contract game beyond single-parent families. The game process has been used successfully in a study of conflict resolution among normal disadvantaged youth in a fresh-air camp (1977). It is now being extended to marital conflict situations. It is being introduced in Big Brother programs and in several juvenile justice system programs.

Two variations of the game have now been developed by Blechman: one called "Autocontract," for one player to work out formal contracts with himself, to define the problem behavior, the desired change, the reward, and then to track the change. A second variation is called "Solutions," designed to solve a problem that is not an interpersonal conflict but a solution to another kind of problem. For example, Blechman's current research project uses this game with underachievers in grade school.

Behavior modification, for so long feared as the creature of dark manipulators, may become the gift we can all use to help ourselves.

Blechman believes that the uses of contract games for training in problemsolving have yet to be fully exploited. With some modest amount of training, teachers could use them in schools. Physicians, who may see a child with a potential problem long before it has grown big enough to need the attention of a psychologist, might use it in their clinics and offices. Similarly, social workers and school counselors might use it with clients and students; the pastor and the priest with people who come for help amenable to problemsolving; the police with, for example, runaways; the court system with offenders who may not be dangerously criminal so much as overwhelmed by problems they are unequipped to resolve by themselves.

The problemsolving techniques learned in the Family Contract Game are somewhat foreign to the way we in our culture are accustomed to approach our interpersonal problems, loaded as they are with feelings and anxieties that make us very wary. We have often preferred to embrace the psychic spelunking of far more elaborate therapies or rely on drugs to assuage our symptoms than try something so prosaic and homely and simple as defining and counting and recording our behaviors in order to change them bit by bit.

Moreover, although Blechman believes the trainer must have a position of status for the game and process of problemsolving, to be effective the trainer need not be a highly specialized therapist. But we may also be put off that something so important as our interpersonal problems can be helped by anyone less than a highly specialized expert.

Yet because the power of the therapy lies in the process and the process can be taught, it can empower us to help ourselves, though we are not experts. Blechman has captured the process in something as simple and as much fun as a game for almost any age and any capacity. Behavior modification, for so long feared as the creature of dark manipulators, may become the gift we can all use to help ourselves.

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FORTIFYING FAMILY TIES

Principal Investigator: Bernard G. Guerney, Jr., Ph.D.

Author: Charlotte Dickinson Moore, NIMH

To get along with others is a normal desire. At work, at school, on a bus, receiving agreeable responses to one's words and actions is rewarding. At home, where the commitment is greater, so are the rewards. So, too, should be the daily effort.

Getting along is not really enough. As a catchy tune needs harmony and development of a theme, each individual and family unit needs harmonious relationships in which to flourish and develop in a positive direction. Bernard G. Guerney, Jr., Ph.D., has been hard at work designing, modifying, and broadening the scope of a technique he calls Relationship Enhancement (RE) and has drawn a number of eager colleagues and graduate students into the work. He feels the technique is useful in many areas of interaction—husband-wife, parent-child, therapist-patient.

Relationship Enhancement aims at replacing vicious cycles with auspicious cycles . . . people learn to be accepting, honest, and compassionate with each other.

RELATIONSHIP ENHANCEMENT: EASING THE TIES THAT BIND

The breadth of the method is illustrated in this definition by Dr. Guerney and his colleague and former pupil, Dr. Edward Vogelsong (in press): "Relationship Enhancement (RE) attempts to eliminate dysfunctional patterns of interpersonal interaction . . . by teaching participants skills that will enable them to relate more effectively and constructively with each other." In a technique designed to build a harmonious relationship and provide an enduring climate for the positive development of the social unit and the individuals in it, RE aims to change the ways each of those individuals "views the deepest emotions and most important interpersonal behaviors." Each individual will be able to bring into awareness emotions and behaviors which, once conscious, can be expressed in ways that are constructive for the individual and others important to him. Once this ability has become part of the person's repertoire, that individual can make fundamental changes in those important relationships and then can exert a positive influence on his/her own life and the lives of those who matter significantly. There is the *caveat*, of course, that the process is easier if these others have made similar gains. "The systems approach used in RE Therapy deliberately aims at replacing the *vicious cycles* with *auspicious cycles*. In essence, the goal is to have each person learn to be honest and compassionate with significant others and to elicit honesty and compassion from them."

The Theory Behind RE

Relationship Enhancement can be considered a descendant of the Humanistic Psychotherapy of Carl Rogers, who believed that every person wants to grow, to be healthy, or, as Rogers expressed it, to be a "fully functioning individual." This, in turn, is melded with the social learning theories of Albert Bandura, B. F. Skinner's principles of reinforcement, and the work of Harry Stack Sullivan and Timothy Leary, with their emphasis on learning and interpersonal processes as the prime causes of emotional distress.

In his book, *Relationship Enhancement: Skill-Training Programs for Therapy, Problem Prevention, and Enrichment* (1977), Guerney acknowledges a debt to all of these theorists. Certainly, a description of some of his methods sounds "behaviorist," with use of modeling, covert and behavioral rehearsal, prompting by the leader, and reinforcement. He adds, however (p. 2), that in RE reinforcement is used in a "free-flowing fashion that many behavior modifiers would consider very loose." To Dr. Guerney, *all* therapy is *education*, the more specific in objectives and methods the better, and nonbiochemical techniques which have been labeled "psychotherapy" are, actually, education that is unsystematic and unstructured.

The founder of RE makes clear his belief (pp.3-4) that his model and its implications can be revolutionary for the mental health professions. He contends that for the last half-century, mental health workers have tended to view as "sick" people whose interpersonal thought and behavior patterns are considered *undesirable* by others and possibly by the client, as well. Guerney adds that troubled *relationships* between people were often considered sick even when no biochemical factor was present to make the charge plausible. He says that he concurs with Thomas Szasz in his view that social and interpersonal determinants of ways of life that were unsatisfying or socially disapproved have not been sufficiently distinguished from biochemical determinants; people who were simply troubled or troublesome have been treated according to terminologies, concepts, procedures—and fees—based on the private practice of medicine. He hopes that the term "psychotherapy" will eventually disappear, mental health professionals attempting only "to change people in order to achieve an ideal or objective of the client, or the professional, or both"—an *educational* concept.

The Benefits of RE

According to Guerney, the cost-benefit ratios of Relationship Enhancement are superior to more traditional methods of dealing with relationship problems. In the first place, problems can be solved more quickly if client defensiveness related to the therapist is not an impediment; second, rivalry between family members is reduced, individual members no longer feeling compelled to prove themselves right and the others wrong in the eyes of the therapist. In addition, fundamental relations can be focused on efficiently and early with this structured, systematic method. Most importantly, clients are urged to resolve their own problems and not to expect the therapist somehow to provide solutions.

Another potential which he believes will be proven, not only in cost benefit but in very human terms, is the use of the principal persons themselves as the change agents for each other, and the use of other *non*professionals as change agents. Group members are trained to help one another as they have observed the leader doing, and groups which meet for longer periods can, after special instruction, function with relative independence.

The group format, which is used whenever practical, is an efficient use of time, space, and equipment. Further, teaching aids are easily developed within an educational model such as this. The RE method is similar to that used by many behavior therapists in requiring that participants practice and try to perfect their new skills at home. This makes particular sense in RE, since home is presumably where the new skills are needed and where continued use in resolving and preventing problems will grow easier with practice.

Dr. Guerney refers, also, to the moral values implicit in this method of building and cementing better interpersonal attachments. The client chooses the treatment goals and the kind of person he wants to become. In general, these goals are "*the capacity and willingness to appreciate relationship-relevant needs, desires, preferences, aspirations, values, motivations, and emotions of one's self and one's partners*." Relationships with a high degree of this kind of understanding are referred to as *empathic relationships*.

A tall order? To hear Dr. Guerney and his enthusiastic colleagues, RE is reasonable, its underpinnings of *honesty* and *compassion* desirable and, at least in the abstract, valued by most people. And, if one does one's homework and honestly tries to "follow the leader," the rudiments are not difficult to acquire. Parenthetically, with RE it seems possible that one partner need no longer follow the dictum of "turning the other cheek" to the other to keep the peace, with accompanying sensations of resentment and frustration.

As with other methods designed to heighten humanness and joy in living, RE is most valuable to those who, having learned, keep in practice, since the skills can be used adaptively, as each new occasion requires.

HOW RE BEGAN

Guerney is professor of human development and head of the Individual and Family Consultation Center of The Pennsylvania State University, of which he is a graduate. After graduation he became deeply interested in family therapy, a new approach at that time. He continued evolving his own family therapy theories at Rutgers University and later when he returned to his *alma mater*.

At Rutgers he began to develop his idea of training parents in the techniques of therapy which, as he says, "seemed to represent an advance over what was going on at the time . . . . In general, the concept is that you could train a parent to have some of the attitudes and skills in relating to children that therapists have and that you could do a lot more, since the parent means so much more to the child than an outside therapist ever could. Our orientation was Rogerian, in that the parent would not be required to do interpretations, or anything that might be threatening to the child, but rather the methods would be built around acceptance, compassion, understanding, and helping the child to express himself fully—in general, dealing empathically and sympathetically."

Filial Therapy

Guerney marks 1962, at Rutgers, as the beginning of his Filial Therapy and, although he did not realize it then, of the other therapies which have evolved from Relationship Enhancement. He and his colleagues, one of them his wife, Dr. Louise Fisher Guerney, Ph.D., developed this innovative method slowly and carefully. Dr. Louise Guerney (in press) has defined Filial Therapy as "a behavioral method of intervening in the psychosocial development of children under eleven years of age which uses parents as change agents. Parents are either individually or in groups of 6 to 8 taught to conduct nondirective play therapy sessions with the instruction and supervision of professionals." The early sessions were usually composed of mothers, who successfully learned to use the play therapist skills. Their children, who were tested both before and after the sessions on their psychosocial adjustment, showed marked benefits.

Louise Guerney has continued her work in Filial Therapy with emotionally disturbed children at The Pennsylvania State University and, in addition, has adapted it for use with normal children. At the present, she teaches it in an abbreviated form in the preschool there. By 1970, success with the method led to the training of graduate students in its use. Parent groups may be composed of couples, single parents, or foster parents, in any convenient grouping.

The Technique

As suggested in Axline's work on non-directive play sessions (1969), the therapist must exhibit and use such helping skills as empathy, warmth, genuineness, and positive regard for each child, a regard with "no strings attached." Usually, it is the children who direct the session's activities, but with limits built in, so that the play sessions furnish both broad opportunities for self-expression and a framework within which each child learns to accept responsibility for his own behavior.

Parents learn in a variety of ways with sessions conducted along the lines of the first Filial Therapy Project, in which the mothers of 71 children under 10 years of age met regularly two hours each week in groups of six to eight. One or two mothers each week conducted 20- to 30-minute play sessions at the clinic with their children after receiving therapist training. After the training sessions, parents conducted play sessions at home, generally one-half to three-quarters of an hour once a week, and kept notes for discussion at group meetings.

Eventually, after six to twelve home sessions, depending on the progress of the parent-child partners, the leaders direct the parent's attention to the behavior of the child outside of the play sessions. Those sessions are continued, but the parent begins to observe applications of parental play-therapy behavior in "real life." She learns to reinforce the child's acceptable behavior and her own expressions of love and acceptance. In short, play sessions extend beyond child therapy to the parent's acquisition of new behavior skills.

"Limits"

Bernard Guerney explained discipline in Filial Therapy. "It enters in in something called 'limits.' There are methods of imposing limits. First of all, we teach the parent to express herself very clearly to the child in terms of why things are done this way rather than that way, and also how to impose a limit in discipline, making it clear to the child what the consequences will be if he chooses to violate a limit. Most important, as far as discipline is concerned, is always to separate the behavior of the child and the statement, 'I will not tolerate that behavior,' from acceptance of the child himself and his needs and feelings. If the two types of messages are not linked, the child need not feel rejected even when he must be disciplined for unacceptable behavior."

Filial Therapy as a Help to Parents

"Discipline is part of it," continued Bernard Guerney. "And the interesting thing about Filial Therapy is that there is very much of a task orientation to it. It's not like traditional therapy where, no matter how you try to put it to a parent, you still convey, 'Well, you did a bad job. Somehow you fouled up, and you fouled up the child.' Instead of that, we say, 'There are things we can teach you, and once you know them you'll be able to do them very well.' We make the parents our allies and eliminate many defensive feelings.

"When we get into the situation and ask them to do things like setting limits, showing empathy, and so on, different parents have difficulties in different areas. The parent who has been overly harsh initially will have trouble being permissive. Another parent may have trouble setting limits. In either case, they approach the needs to acquire new behavior patterns as a skill-learning task, not as something caused by a personal flaw for which they need 'therapy' and about which they might feel inferior or guilty. They are, therefore, very frank about their difficulties and we can freely demonstrate new behavior patterns for them which will help overcome their problems. Eventually, they can master it and see, through the play sessions, how it works and how to help their children."

Evaluating Filial Therapy for Disturbed Children

The parents were pleased with Filial Therapy. Their children seemed to show improvement. The Drs. Guerney and their colleagues were convinced of its efficacy. How strong were the objective findings?

Unfortunately, not all the cases carried through to completion, although the drop-out rate was only 25 percent, compared with the 70 percent expected on the basis of earlier child-therapy studies. Two groups terminated after 12 months, when the initial research project ended. In the seven groups which completed the full 18 months of treatment, progress on all measures continued in the third 6-month period at the same high rate as in the first 12 months.

Since the children showed gains at a high level of statistical significance on all measures of improvement, the rate of gain was 100 percent, according to therapist judgment. Of the 51 who remained in therapy, 11 were regarded as somewhat improved, 22 much improved, and 18 very much improved, as assessed by the Des Moines Maladjustment Index. Indeed, according to this assessment scale, the average child moved from a rating of "treatment required" to "treatment helpful but not necessary."

Other tests, such as the Des Moines Parent Rating Scale and the Wichita Guidance Center Check List, demonstrated improvement in the children's general adjustment and a significant decrease in the mothers' dissatisfaction. There was improvement, too, in the children's social adjustment and a reduction in conflicts with parents.

The researchers wanted to determine that it was the Filial Therapy and not just the passage of time or some other variable that brought about these changes, difficult to check because there was no randomly assigned no-treatment control group of children and parents with similar problems with whom to compare progress. Still, they are confident that the treatment itself did effect improvement. A non-clinical control group showed no such improvement. The final posttreatment scores were at the level one would expect in a normal population. Improvement advancing at a fairly steady rate tended to rule out improvement due to a "placebo effect," which often shows signs of progress piling up early. The steady rate also tended to rule out the spurt of improvement at the end of treatment, called the "thank-you effect." Thus, the course of treatment alone could be plausibly credited with the gains.

Recently, this interpretation received further support in a dissertation by Andrea Sywulak, who demonstrated highly significant adjustment gains in a 2-month period of Filial Therapy. No such gains took place during an equivalent waiting period. The adjustment gains continued to increase over time, thus showing a strong correlation between amount of therapy and amount of gain.

Overall, in the initial study, behavior in play situations when treatment began corresponded with that described by other researchers as characteristic of abnormal children, but patterns at the end of treatment were like those of normal children. Another significant finding was that, in general, the treatment was as effective in one socioeconomic class as another. Further, no difference in effect of treatment could be attributed to the kind or degree of a child's or a mother's maladjustment or to differences between mothers as shown in the many pretreatment maternal attitude and personality variables which appeared in testing.

The Uses of Filial Therapy

Results of the study and subsequent observations show Filial Therapy to be equally effective in bringing about change in psychosocial adjustment problems, be they phobia, aggression, anxiety, withdrawal, or some combination of difficulties, and whether these problems be mild or severe. Not only are symptoms often reduced, but self-esteem is increased, and the child is better able to meet the world and deal with larger problems. Parent-child communications and cooperation are improved, so the child has a greater sense of well-being and the parent a greater feeling of competence as a parent.

Dr. Louise Guerney's adaptation of Filial Therapy for normal children is not the only modification in use. She has employed it quite successfully in training foster and other substitute parents to handle or prevent problems which might occur with children coming into a strange new home. It has been found useful, too in dealing with children who have lost a parent through death or divorce or have gained a new one through remarriage. Low-functioning families have been helped by child welfare workers using Filial Therapy. Children who need special attention at school are sometimes aided by teachers or other staff skilled in the intent and use of this technique. For the older child, the same ambience as that of the play session can be preserved by a parent, but with a choice of more activities.

RELATIONSHIP ENHANCEMENT IN ACTION

During the early days of Filial Therapy, the parents—mostly mothers—often told the Guerneys that they were using the approaches they had learned in play sessions on other occasions and with other family members. They were discovering how pleasant and helpful showing empathy and clarifying their feelings could be in everyday situations. "That's when we got started in a serious way, developing the Relationship Enhancement method for husbands and wives. And from husbands and wives we went to teenagers and families," said Bernard Guerney.

Throughout the years since, Guerney and the young graduate students, many now Ph.D.'s and colleagues of whom he is very proud, have been evolving the basic tenets of RE, along with the procedures for its administration and a battery of tests both for checking the clients throughout the treatment period and for evaluation of the programs. In general, the approach is similar whether for conjugal, parent-child, or premarital therapy and counseling, or for special applications.

The Basic Skills

Although additional sets of skills are taught, RE has only four *basic* new behavioral patterns. The first two are specific types of communication; the third is the ability to use the first two behaviors effectively in dialogue with someone else; and the fourth is the ability to help others learn to use the skills effectively and appropriately.

These four skills, or behaviors, are called *modes*, a word Guerney prefers to *roles*, which is associated with *acting*. The use of these modes is not to be confused with manipulative techniques employed, for example, by a spoiled child. The point is not to receive something, nor to get one's way. It is, rather, to achieve harmony in living and being with someone, for the good of both involved individuals and the family group.

The explanations and demonstrations of each of these modes are presented over a period of time, during intake and in later sessions, rather than all at once. Practice must be continued even after the sessions are ended. Some understanding of the modes and how they work can be gleaned from RE's vocabulary, illustrated by examples of their use in conjugal therapy.

The Empathic Mode

Communicating in this way means accepting another's communication and identifying with that individual's thoughts and feelings—with the way he/she perceives things. *Empathic responding* is clearly drawn from Carl Rogers' client-centered therapeutic response techniques. According to Bernard Guerney (1977, p. 26) this term "connotes the depth, the intensity, and the giving, illuminating, enhancing qualities of a Rogerian psychotherapeutic response better than the phrases 'reflective listening' or 'active listening.'"

It is *not* necessary for the Empathic Responder to *agree* with the person who is striving to express how what's been happening appears to him. It *is* necessary that the Responder be attentive and listen respectfully, accepting the statement as the other's view, and trying to help the speaker to be more open, honest, and specific. In other words, a receptive attitude is a requisite.

The Responder, after all, will very soon have an opportunity to speak, even to disagree, if his perception is different from that of the first speaker. To be helpful and empathic, and to receive empathy in return, the Responder must, as Webster says, have "the capacity for participation in another's feelings or ideas." Empathic listening and responding, then, will include both what is said and the way it is expressed.

There are some "don'ts" for the Empathic Responder:

- Don't ask questions. Asking questions, particularly seeking new information, may divert the partner's attention from his main thought or indicate that the Responder is trying to get more information than the speaker wants to divulge just then.
- Don't present an opinion or viewpoint about what the speaker is saying. There will be time to present those perceptions when the modes are switched.
- Don't interpret things for the speaker, trying to explain for him why he thinks as he does, thus altering the perspective.

- Don't make suggestions of solutions or changes in viewpoint.
- Don't make judgments. This is no time for the Responder's evaluation of what is right or true, or even workable, in the partner's statement.

After all, the individual expressing these needs and worries may feel a sense of risk-taking, a fear of being cut off, criticized, or rejected. There will be an awareness, also, that the emotional toll is too great to be repeated soon if the response is cool or hurtful. It is the mission of the Empathic Responder to elicit the needs and wishes of the Expresser in such a way that communication will continue more comfortably and effectively whenever the need arises. For this reason, the early phases of the training are given more to the skills of empathic responding than effective expressing, although both are part of the program from the beginning.

The Expresser Mode

The mode in which the speaker attempts to express thoughts, emotions, and wishes honestly and clearly, without arousing unnecessary hostility and defensiveness in the listener is the Expresser Mode. To clarify the Expresser Mode, let us take, as an example, a situation in which a wife feels that her husband was unnecessarily critical of their children during a dinner conversation earlier in the evening. In a typical unskilled response the wife might say to her husband, "You're always criticizing the children. You're discouraging them and making it hard for them to share their ideas with us. You're too moralistic with them. You're trying to make them just like you are and that's not going to work. You're just turning them off and making them angry at both of us." From the perspective of the Expresser Mode, there are a variety of ways of improving this statement to bring about a more constructive response from the husband and to better set the stage for constructive problem-solving.

A sharing of views has to begin with a recognition that the listener is likely to perceive what's happening from his own perspective. The Expresser wishes to avoid unnecessary defensiveness and hostility and also unnecessary argument from the person so that they can mutually reach a better state of affairs. The Expresser, therefore, should make allowances in advance for the natural desire of both participants to protect their own self-images. If the Expresser's perception of an event casts the listener's self-image in a light different than the one he or she probably prefers, the listener's experience or memory of the event will be different from the Expresser's. Calling into question the listener's soundness of judgment, virtue of motives, or correctness of behavior will almost certainly alter negatively the listener's perception of the circumstances and his motives. Agreeing on what actually happened in such problematic circumstances is difficult, and attempts of each person to establish his own version as accurate generally lead *away* from a successful resolution of the issue.

The first rule, then, of the Expresser Mode is to state things in a way that acknowledges the statement to be subjective, colored by the Expresser's own judgments and idiosyncrasies. By avoiding the temptation to speak in terms of what is "real" or "natural" or "good" or "right" or "true," the Expresser becomes, automatically, the ultimate authority on the subject under discussion—his/her own perceptions of the world and his/her own feelings about those perceptions. Following this rule, the wife should say to the husband something like, "*I viewed* you as being very critical . . . . " To be sure, this is not a sensational improvement or in itself likely to lead to a very favorable response on the part of the husband. However, it does avoid certain problems and sets the stage for further improvement.

The second rule in learning the Expresser Mode is to include a statement of one's feelings if they should be taken into account when dealing with the situation. This would change the statement so far into the following, "I'm feeling upset because I viewed you as being very critical . . . . " Such a statement includes more of the pertinent information which the husband needs in trying to solve the problem; namely, the effect of his behavior on his wife's emotions. Additionally, for some husbands some of the time it would open the door to a concern or compassionate feeling toward the wife and a desire to consider the problem from the standpoint of helping her. Previously, such a response was much less likely: The husband probably would have perceived the statement as an attack aimed at him.

A third guideline for the Expresser Mode is to describe the specific incidents or behaviors which triggered reactions rather than to deal in generalities or inferences about the character or motivations of the other person. Overgeneralizations like "you always" and "you never" are especially ubiquitous in family arguments, are almost certain to anger the listener, destroy the Expresser's credibility, and make compassionate response nearly impossible. Even more dangerous generalizations are those which impugn the person's character or motive. Instead, being specific as to time, place, and behavior furnishes the listener with concrete statements on which to base a response and indicates how the Expresser arrived at such discomfort. The Responder can be more attentive and the discussion can start on a firm basis with less likelihood of childish exchanges of "I am not," "You are so," "Oh, no I'm not," "Oh, yes you are."

Getting quite specific begins to change the whole character of the initial statement towards something like the following: "The kids did get a little loud at dinner, giggling about how to spot a 'narc' at school. I thought your comment about that not being a funny subject made them feel rebuffed. That upsets me because I feel they need to discuss what's happening with us so that they can make sure of our standards. I'm afraid that comments like that may discourage them from talking openly with us."

A fourth rule of the Expresser Mode states that if there are any implied criticisms in the statement the Expresser should also try to include the basic, positive, underlying feeling or expectation which usually gives rise to anger, frustration, or other negative feelings in intimate relationships. Naturally, not all of these guidelines need be followed at once or at the same time, but they rather serve to guide a continuing dialogue or discussion. Sometimes a person would find it difficult to make a positive statement early in the discussion, but would be able to recognize and state it later on—the earlier the better.

In the present instance, the wife might have stated her concern along the following lines: "I believe the children really look up to you and are very strongly influenced by your reactions to what they say. I'm very pleased about that. I think you're a good model and a good influence on them. I want them to continue to feel free to talk to you and to get your reactions so that they can know more about your standards and what lies behind them. It's very upsetting to me when I see anything that threatens to undermine that. Tonight, the kids did get a little loud . . . . " Such a presentation is actually a much truer and more complete account of the situation. As such, and because it speaks to the positive self-image the husband is likely to have of himself and of the relationship, it allows him to listen much more openly, compassionately, and objectively to the wife's concern.

The inclusion of positive feelings, perceptions, and attitudes is one of the most important, yet one of the most difficult skills for people to learn in Relationship Enhancement. (It also is one of the most difficult skills for RE trainers to learn to teach.)

A fifth aspect of the Expresser Mode is the inclusion at some point in the dialogue of an "interpersonal message," a clear-cut statement of the behavior one would like to see from the other person. This message incorporates all of the previous principles when it is well done; it is specific as to time, place, frequency, and behavior; and it includes a statement of the positive attitudes and feelings the desired behavior will probably elicit in the Expresser. In other words, "What behavior does the Expresser want from the Responder? Precisely, how can the Responder provide this behavior?" The interpersonal message has the great advantage of focusing on specific solutions rather than on discontent. For this reason, it can be a fine starting point for solving problems and for making personal relations more satisfying. In many cases, if it were emotionally feasible, omitting implied criticisms and proceeding directly to the interpersonal message would speed solutions of a problem. Unfortunately, our emotional needs as human beings make such a sudden leap into the positive very difficult.

In our example, the wife might include in her statement, or in a future statement, something like the following: "It would really make me very happy if you tried to reduce comments which the children might perceive as critical and shared with them more of your positive feelings and some of the confidence you do have in them. If you were willing to do that, I am confident that we could preserve dinner time as a time when the children speak freely to us. Then I would feel much more relaxed and also very positive toward you."

Guerney has commented that the interpersonal message is difficult for many people to learn because they are acculturated to ask for things on the basis of right and justice, rather than on the basis of their desires and happiness. For many of us it is frightening to state a feeling or express a wish in personal terms. What if one is rejected? This is a psychological risk, and refusal could be devastating to one's sense of self-worth and assurance that the partner cares. Refusal on an objective basis, on grounds of right and justice, however, can be interpreted as a lack of character or an inadequacy in the *other* person, not a personal rejection. Playing with smaller stakes may guarantee keeping one's self-respect intact. But greater fulfillment can come from playing more daringly, putting one's own values, wishes, and needs "on the table."

The sixth, and last, guideline is at the heart of Relationship Enhancement. This rule says: *Convey empathy to your partner at the same time that you are expressing your own feelings and/ or your interpersonal message.* Begin with the premise that there is a reason for the person to behave as he/she does. Putting oneself in another's shoes often saves a lot of grief in any case. By the RE plan, showing empathy for the other person's viewpoint can result in a reciprocal, productive conversation that makes it easier for both parties to achieve their goals. Eventually, the Expresser can learn to show empathy even when the other has not yet spoken.

Everyone has had the experience of letting small disappointments and irritations build and build, until the rivulets that could have been stemmed at the start have formed a flood that breaks the dam. This is not to advocate "blowing off steam" at hapless listeners at every small provocation. It is a reminder that wishes, feelings, and expectations should be expressed early, before anger and disappointment accumulate; they are easier to verbalize and communicate constructively before they are entangled with emotions. RE shows the way.

A *vicious* cycle in ordinary, unskilled communication is set in motion, according to Dr. Guerney, when a chain of speaker-listener responses begins poorly and leads away from problem resolution. This often occurs because the Expresser delays voicing desires and needs until they explode in anger and accusations. The other person, threatened, answers in kind, inciting still more anger, thus magnifying the probability that the outcome of the interchange will be negative. The negative outcome, in turn, increases the chances that future communication of needs will be delayed until they explode in a negative way.

Through RE skills, needs are expressed early in a positive, understanding way, making a favorable reception and response more likely. This, in turn, is likely to lead to a positive outcome. The positive outcome will lead to easier, earlier expression of needs the next time, and, therefore, to a more positive reaction in the Responder. Thus is established an *auspicious* communication cycle.

Mode Switching

After their clients learn the Expresser and Responder modes, the leaders teach them how to switch modes, employing demonstration or modeling, structuring situations for practice, and reinforcement:

Demonstration must precede any attempt at the use of a new behavioral skill by a participant. The group leader never asks a participant to try a new behavioral skill until shown the way by the leader, nor does he ever model behaviors he does not want participants to imitate. *Modeling* means providing a participant with a more suitable response than he has been able to furnish; sometimes that may mean modeling entire sentences for the Responder. As the weeks go by, modeling, and all leader activity, for that matter, are less frequently a part of the sessions.

Structuring is the term used to describe the leader's explanation and clarification of the skills the clients learn, and the reasons for using them.

Reinforcement, that is, praise or some other reward, verbal or nonverbal, given in a spontaneous, uninhibited way, encourages participants and sets an example for them in the use of praise to encourage others to use the skills at home. Group leaders are trained to appreciate the benefits of showing genuine appreciation of even small gains the clients make. Through observing this reaction, and being encouraged and reinforced to do so, most participants will adapt it in working with their partners.

Clients learn gradually to be alert for messages within themselves or from the Expresser that signal the need to stop being a listener and to respond. RE leaders caution clients to make sure that the Expresser's last statement has received an empathic response before switching from Empathic Responder to Expresser. The trading of modes goes on, much like any discussion, except that each is sure the other understands and accepts the point of view being expressed, even though agreement is not necessary. The Responder should indicate a desire to become the Expresser after realizing that he is no longer able to be empathic or recognizing that he can add to the communication perceptions which will keep the discussion more "on the track."

Frequent mode switching is important to the plan when both parties have reached a point of working out concrete ways of handling conflict or solving a problem, or when both are trying to make changes leading to a higher level of satisfaction in a relationship. Knowing each other's reactions to who will do what, why, and when requires learning immediately what each is thinking and accepting, or whether reservations and doubts remain on either side.

The Facilitator Mode

In RE, the word Facilitator designates *group members* who are teaching others how to use empathic, expressive, and mode-switching skills, *not* the professional. The purposes of this mode are to help clients teach each other RE skills in the group sessions and to instruct and encourage members of their families in the use of the skills at home, much as the group leaders are taught. After groups have met for a longer period and the members have become more versed in using the modes, leaders become less active and turn primary supervision over to members.

Demonstration of facilitator skills by the group leaders includes asking for positive reinforcement from participants when the practicing pair do well, with praise only for their use of the skills, not for the views they express; suggesting that participants practice thinking of expressive and empathic responses that might be better than those used by the couple performing the modes at the time; and calling on the participants, more and more often, to suggest better responses that the couple might use. Through this means, the group leader is able to eliminate nonfacilitating responses and promote mutual teaching and skill-reinforcement by the clients.

Teaching is itself a great teacher, so imparting what one has learned increases one's own learning. Further, facilitating the practice of mode usage by others maintains attention and interest among those who are not actively participating as expressers or responders.

Most importantly, instruction and practice in the group aids in use of these skills at home. Their use at home should begin only after role-playing practice. Supervised exchanges at group meetings provide the training ground for handling longer partner-to-partner encounters, but only after the other skills—empathic, expressive, and mode-switching—can be used with relative success.

In speaking of clients who have completed the program, Dr. Guerney remarks " . . . we don't intend for them to use it constantly . . . . I certainly don't interact that way within my own family. Sometimes, someone has a decision to make and you can help him to clarify his feelings. I think one of the key things people learn here is that it doesn't pay to rush in too early with suggestions and tell others how to solve their problems, but rather to help them develop solutions on their own. Sometimes, you can help somebody else work through feelings or come to a decision using these skills which are, in fact, helpful in many situations. I believe they are almost always useful when there are negative feelings or attitudes or, indeed, desire for a change in interpersonal behavior patterns, whether the change be to solve a problem or create a higher level of happiness. But there are many times that you wouldn't want to use them. Sometimes at work or play they would just get in the way by consuming extra time."

Finally, she got to the point of sitting occasionally and listening to her husband talk about his work and financial worries. Then they each made a discovery.

There are guidelines for determining when to use facilitating techniques in daily life: first, the use of expressive skills whenever a person is annoyed or makes a demand; second, reinforcement of every skilled statement by an appropriate skilled response; and third, facilitator skills when one of the partners is upset by the other's statement and feels that RE modes have not been followed.

CONJUGAL RELATIONSHIP ENHANCEMENT (CRE)

The reports of mothers whose training in Filial Therapy had spilled over into other family relationships suggested another application of RE, which became Conjugal Relationship Enhancement. Subsequently, many other new applications have been designed by doctoral candidates working under Guerney's aegis, along with new inventories, questionnaires, and scales used in the assessment and evaluation of Relationship Enhancement as a therapy and a new way of interacting.

Development and Evaluation of CRE

The first study in CRE, conducted by Austin Ely in the late '60s, was designed to determine whether married couples whose marriages were in difficulty could be trained to use these new communication techniques. During the 8-week course, 12 couples who received the training were compared to a similar group who received no RE training. Those who received CRE training showed improvement in their ability to express feelings openly and constructively and to have insight into their spouses' feelings. Even the brief 8 weeks brought improvement, too, in measures of general communication patterns and harmony. Though comparison of the Enhancement and Control groups was not as refined as has been the rule in more recent studies, the trainers believe the value of the CRE training was demonstrated.

A second study, conducted by Jerry Collins in 1971, lasted for 6 months. Twenty-four couples receiving RE training were compared to 21 couples who were evaluated for the entire period but were not in the program. Using a two-by-two analysis of variance of difference scores, Collins concluded that CRE couples noticed greater improvement in communication and in marital adjustment than did the control couples. Collins points out that CRE differs from many marital counseling endeavors in involving client as well as therapist in the practice of nonpossessive warmth, genuineness, and accurate empathy, all qualities which research has shown to be the most effective in positive therapeutic change. Experimental evaluation of the 6-month conjugal therapy and Relationship Enhancement program furnished evidence that husbands and wives, as nonprofessionals, can learn to provide higher levels of warmth, genuineness, and empathy to each other and can become psychotherapeutic agents for their own marital relationship.

Rappaport conducted a study in 1971 aimed at developing an intensive RE program: a more structured program, more efficient use of therapeutic time, greater emphasis on communicating in areas of threat and conflict, and more general application of the skills in the home setting. This program was set up with two 4-hour sessions and two 8-hour sessions, held on four weekends during a 2-month span. Twenty couples finished the program, learning and practicing skills during the sessions and completing heavy assignments of home practice. For 2 months prior to treatment, the 20 couples served as their own controls. A number of measures showed more change during the treatment period in: speaking more effectively and listening more empathically with spouses; improvement in marital adjustment and communication; more trust and intimacy in the marital relationship and satisfaction with it, and improved ability to resolve relationship problems successfully.

CRE at Home

During an informal discussion about the every day use of Relationship Enhancement, Edward Vogelsong indicated that often the most constructive way to be empathic at home is to "see what condition things are in and do something about it . . . not talk that way, but act that way. I've had many people say to me that, even though they don't use the skills on a day-to-day basis. . . just the awareness of the other person is so heightened that the way they deal with each other is profoundly affected. And whenever there are problems, there is a system to use."

In reply, Bernard Guerney said, "I think that applies equally well with the expressive skills. Though you may not stick to the rules in every case, you are sensitive about overgeneralizing in the things you say about another person, attributing things to his character, trying to anticipate for him what he's going to say or how he's going to think. You become sensitive to all these things in yourself and you tend to drop them out, reducing a lot of hostility. And you tend to state things from a subjective point of view, without saying 'this is a fact,' or 'everybody does this,' or 'this is what you should do.' Once you become trained, you become aware of the negative impact these things have on people, making them angry or annoyed."

"You've acquired a piece of knowledge that you know will work," said Dr. Vogelsong. "Once you've done that, you tend to do certain things and avoid other things, almost as a matter of course. For instance, I don't ride a bicycle every day, but it helps me balance in other things, and whenever I want to ride, I can."

When asked about a hypothetical but familiar situation, withdrawing or "closing up" at a spouse's angry comment, Vogelsong said, "I would want you to say, 'You seem to be real angry with me.' And then, you become the Expresser and, if you want to be that open, you say, 'I'm very uncomfortable with that and it makes me all tight inside. I'd like to talk about it and work it out.'"

He continued, "That happened to me last night with my wife. We had company for supper and she didn't like the way things went. After the company left, she said, 'You know, I feel some tension, and I don't want to feel that way toward you. I don't think it's fair that I do, but I want to talk about it.' So, we sat down and talked about it, and it worked out very well. We both got a good night's sleep.

"That's the kind of thing we want people to do, to be above the table on those issues. It is taking a risk, in a way, because it makes you seem vulnerable. We have found, however, that people take it as a response that they want to work on constructively. That's one of the things we try to train people to do when they are not in a session—to say, 'I want to use these skills because I don't like the way things are going.' It's what we call 'facilitating.'"

"The Facilitator in the home context," explained Guerney, "is the one who encourages the other person to use skills and helps him to do it, who makes it easy."

To sum up, using Conjugal Relationship Enhancement successfully at home is simply having the skills so well ingrained that speaking and listening empathically is no more than "doing what comes naturally."

CRE for One Partner

Guerney mentioned another aspect of Relationship Enhancement which has not yet been employed extensively but which can be handled effectively in helping troubled marriages. It is possible, using role-playing techniques, to train one partner to relate to the absent one with empathy and to be expressive in a constructive way.

At his colleague's request, Vogelsong told a story that is typical of many couples unable to talk about the real wants and fears which they try to mask with bluster or fighting:

> The wife from a home filled with accusations and defensive reactions, tired of the shouting and recriminations, finally told her husband that she felt she needed therapeutic support. His reply, "That's up to you, because I'm not going to go," prompted her to come in alone.
>
> To aid this wife in initiating conversations which would not "set him off" and end up in a fight, she and the therapist practiced different ways of talking and listening to her husband until she became confident that she could begin, in a non-threatening way, to implement Relationship Enhancement in her home. As a beginning, instead of shrieking, "Here you are, late for supper again. You told me you'd be home at 5:00, and here it is 6:30," she tried her new expressive skills (with perhaps more assertiveness than was her custom).
>
> The new approach was something like, "I'd like to know if you're going to be home late, and I wish you'd tell me ahead of time. I don't like it when I have dinner ready at 5:00 and you're not home until 6:30—I get mad, and I don't like that. I wish both of us could be more realistic."
>
> Finally, she got to the point of sitting occasionally and listening to her husband talk about his work and his financial worries. Then they each made a discovery. She had wanted to get a job but had been afraid that he did not want her to and would "blow up" if she broached the subject. Her husband had never felt comfortable in suggesting that she work because he would appear irresponsible and unable to support the family.

The happy ending included secretarial school, a better job for the wife, and the beginning of a more shared relationship.

PARENT-ADOLESCENT RELATIONSHIP DEVELOPMENT (PARD)

The next program, evolved from Filial and Conjugal Therapy, is known as Parent-Adolescent Relationship Development (PARD). Family therapists frequently see parents and their teenage children polarized by differences in attitudes. Often the parent is recognizing that early dreams—business success, social achievement, blissful marriage—will not be fully realized. Simultaneously, the adolescent is establishing a sexual identity, building a value system, choosing goals for life and work, and sorting out family and peer relationships. Add to these differences the sense of alienation experienced by many adolescents and their qualms about identity or rivalry with one or the other parent. Compound these stress factors with the ordinary conflicts and frustrations of people living together, no matter how loving, and the strain on all family members is considerable.

The objective of enhancing parent-child relations, whether making a good relationship better or solving tortured communication problems and family conflicts, is "to use the potential capacity for mutual aid inherent in the family's emotional attachments." This method differs from some other clinical approaches, which attempt to separate adolescent from family and make more use of peer attachments (Ginsberg, p. 229).

PARD for Fathers and Sons

A cornerstone of PARD is the belief that an accepting father can help a child grow in independence and in feeling good about himself. Equally important is the conviction that this paternal attitude will lead to greater acceptance of the father by the adolescent and, in turn, to the father's greater satisfaction in the parental role. Improvement in this role might be expected to lead to improvement in the marital role and, in turn, to a more harmonious family situation.

Barry Ginsberg has described his work in the early days of father-son PARD as dynamic but difficult, exciting but frustrating (1977). Many adolescents come into the program unwillingly, feeling over-controlled and unfairly treated. Parents come feeling unsure, unworthy because they have not handled problems adequately. Fathers are perhaps saddened because their almost-grown sons no longer view them as omniscient beings who can fix everything. PARD methods are designed to minimize the defensiveness and anxiety exhibited by most fathers and sons alike.

The Sessions

PARD is similar in most respects to other programs in RE and, like them, offers a variety of time and meeting formats for differing numbers of pairs. Naturally, sessions designed for the therapy of severe relationship difficulties or serious emotional problems will continue for a longer period than will those for enrichment or problem prevention.

The first session is a time for introductions of leader, members, and their reasons for coming, for explanations and descriptions of the modes. As in other RE groups, PARD participants complete the Relationship Questionnaire (RQ), which asks them to list in order of significance the three most important things about the relationship "that please you now," "that you have valued highly in the past," and "that you would like to see developed or enhanced." Other questions concern which matters would be difficult and which comfortable to talk about in the group just then. These RQs form the basis for the first Expresser's opening topic but may be revised, deleted, or added to as the weeks go by.

Careful structuring is a part of all RE sessions, but particularly in those concerned with parent-child pairs. A feature not used in other programs but worked out especially for the group format of PARD is *Doubling*. Reminiscent of a psychodrama technique, this procedure begins in the second PARD session, with one pair acting as Expresser and Empathic Responder in talking about mutual concerns, and with another pair doubling immediately thereafter. It works like this: Father A may want to express his son's unwillingness to conform to certain house rules. Father B is asked to express the same concern, possibly phrasing it even more closely to the intent of the Expresser Mode. Son A is supposed to respond empathically and Son B to rephrase the response and improve on it. Each speaks in the first person singular, as if he were the father or son.

There are advantages to the doubling technique. Participants seem to learn the expressive-responder skills more readily and to become more comfortable about voicing their own problems when their turn comes, since acting for and with others has involved their own feelings as well. The leader also may ask a father to double for a son or a son for a father, thus intensifying the empathy of one generation for another. As use of the skills increases, the usual Facilitator Mode takes over, and doubling is no longer used.

Special Problems

Problems voiced by the fathers and sons are little different than those expressed by mothers and daughters. Nor are the kinds of problems very different than they were 10, 20, or more years ago. They are trust (very important), choice of friends, dress, independence, and boy-girl matters.

These are problems for the pairs to work out. The problems of leaders include client defensiveness, anxiety, and sometimes resistance. Another problem is the reticence of the younger partners, whether due to shyness in general or domination by parents. Guerney says that he and the other leaders handle this by continued empathy and understanding and by responding to nonverbal cues. In extreme cases, with the young person's permission, the leader tries to speak for him to the parent. The leader checks to see whether he has obtained an accurate reading of what is actually on the teenager's mind and eventually gets him into the discussion.

"I think that once the parents learn how to respond well so that the young people become less afraid and really sense an equality in the situation, PARD begins to work very well. The system is one that helps them overcome their fear, once they really believe what's happening," said Guerney.

He added, "RE gives them skills in communicating so that socially they now have things to say if they just apply the skills. Not only saying them well, but responding empathically, or using reflective listening skills, if you prefer that terminology, gives people a way of relating when they may not have known what to say. Good listeners are in rather short supply and in much demand, so I think that helps them."

Evaluation of Father-Son Treatment Groups

In 1971, Ginsberg compared 14 father-son pairs who were taking part in a PARD program with 15 similar pairs who had been randomly assigned to a waiting-list control group. The program for the treatment group consisted of 10 weeks of 2-hour sessions. Not only was the Experimental (E) group compared to the Control (C) group in relative terms but absolute changes in the E group were assessed; later, the Control group's findings were compared to its own results when it, in turn, became the Experimental group.

The results were considered significant in areas of observed communication; unobtrusively observed communications; self-report of general communications and of quality of the relationships; and, quite importantly, change in self-perception. What's more, Guerney, Ginsberg, and the others heard the comment they were to hear again and again throughout the years: "This has been extremely helpful. We wish we had known about this earlier." This feeling was especially apparent if the child was the youngest in the family.

PARD for Mothers and Daughters

Guerney *et al.* were anxious to test RE with a new population. Their first experimental PARD treatment/study for mothers and daughters, however, was conducted with an added dimension. To ascertain whether RE methodology was superior to the more traditional group problem-discussion approach, they devised a program testing the effect of three conditions—No Treatment (NT), Traditional (TRAD) problem-discussion approach, and Relationship Enhancement (PARD). Clients were recruited through schools, letters, or newspapers; all were randomly assigned; and all went through the same intake procedures and tests at the same intervals during the treatment period.

Another goal was a valid, controlled followup, since few such studies with families have been evaluated, owing largely to practical difficulties and poor controls. To study the impact of Relationship Enhancement over a period of time, only participants who indicated that they would be available for followup were accepted. Sixty-six mother-daughter pairs still indicated interest in participating after being told that they could receive one of two kinds of therapy or none. For their trouble they were recompensed financially for completing all research measures after the initial testing of all 132 persons. Each pair was given an envelope containing the assignment and received further explanation of the project from the intake worker.

A statistical study of the entire program revealed that the typical daughter in the study was 13 years and 4 months old. The initiative for entering the program was usually taken by the mother, whose typical profile was a 40-year-old white Protestant who had never attended college, who went to church frequently, was from a low social stratum, had been married 17 years, and had 3 or 4 children.

Both PARD and the Traditional subjects met weekly for 2 hours in groups of two to four pairs for a period of 10 to 15 weeks, with groups set up according to similarity in age of the girls participating (11-14 and 15-18). All groups were led by two doctoral students, Edward Vogelsong and Jeanette Coufal, who each took an almost equal number of PARD and TRAD groups. Prior to the study, they had jointly led one TRAD and one PARD group in order to standardize their procedures.

How PARD and TRAD Differed in the Sessions

TRAD was similar to PARD in many respects, both programs being aimed at improving and enhancing mother-daughter communication and getting-along-together. PARD used learning and practice of the five RE modes plus programmed home exercises, developed by Vogelsong, which required about an hour each week of tape-recorded homework and written and verbal feedback from the leaders at the following session. In later training sessions, participants maintained a log of occasions when the skills were used outside of formal sessions and of when they should have been used but were not.

The Traditional program allowed its participants more freedom than did Relationship Enhancement. In both, the therapist modeled openness, warmth, and genuineness and encouraged group members to react to each other in the same way. In TRAD, every technique in the therapist's repertoire was used—positive reinforcement; attentive listening; and attempts to keep the topic on the track, to have participation from even the shyest group member, and to prevent domination by any individual or group. It had all of PARD's components except skill-training in expressing one's needs and listening empathically and in sharing viewpoints with one's partner. Group members could question one another, make suggestions, and share experiences in similar situations, none of which PARD members were allowed to do.

As in the PARD groups, TRAD topics were preselected, but, in TRAD, discussions could roam freely and widely, the only constraint being the therapist's attempts to keep the conversation focused. The TRAD groups had homework, too: Each pair read each week at home a chapter of Fremon's *Children and Their Parents* and discussed it together, which furnished stimulation and helpful ideas for discussion at the sessions.

When the training program ended, members of both groups were assigned (randomly, again) to "booster" or "no-booster" situations. The assignment tested the learning theory that followup contacts and occasional meetings with the leader would strengthen the gains clients made during training. In the beginning, booster groups were contacted by phone, and mothers and daughters were encouraged to set aside time each week to discuss issues important in their relationships. As the weeks went by, these calls were decreased, but booster groups met every 6 weeks during the 6-month followup period. Members of no-booster groups were not contacted and did not meet during the 6 months.

Skill Measurements

Each skill attainment was measured by analysis of variance of pre- and posttreatment objective tests and also quasi-behavioral tests scored by independent judges who had not been told the hypotheses, the source, or the sequence of the tests. As regards interactions between mothers and daughters—both specific and general communication patterns, and general relationship quality—the hypotheses were that the TRAD group and the PARD group would show greater improvement relative to the NT group, and the PARD group would show greater improvement relative to the TRAD group.

The specific communication skills, empathic and expressive, were measured behaviorally by the Verbal Interaction Task (VIT), in which each mother and daughter engaged in four 4-minute, structured, audio-recorded interactions. Each was told: "Discuss something you would like to see changed in yourself," and "Discuss something you would like to see changed in your partner." The partners took turns at these and at the other part of the instructions: "Openly express your feelings about the issue" and "Help the other person express her feelings."

Empathic skill as shown in the VIT was measured by the Acceptance of Other Scale (AOS). This scale was designed to measure the understanding and acceptance conveyed by one person in response to another's communication when discussing topics of importance to both of them. It assesses the Responder's willingness to stick within the Expresser's field of interest and awareness and his/her sensitivity to the Expresser's feelings and motivations. On an eight-point scale, responses at the lowest level are accusative and argumentative, the middle are ordinary social conversations, and the highest convey complete acceptance of another.

Another measure of empathic skill was taken from the Mother-Daughter Situation Questionnaire, composed of 16 kinds of problems commonly encountered in mother-daughter interactions. Following each descriptive paragraph is a space for the respondent to write the exact words she *would* say if she were the mother or daughter in the situation. Next comes a space for the exact words she thinks she *should* say. Some items were scored on the Acceptance of Other Scale (AOS), others by whether they restated content or clarified feelings.

The Verbal Interaction Task was measured for expressive skills, also, by means of the Self-Feeling Awareness Scale which tests whether the speaker's statements will elicit a truly empathic response. This eight-point scale rates speaker statements in the upper range when they are expressions about the self or the listener in which the speaker states his/her own feelings, wishes, or thoughts, with the affective area rated higher (7 or 8) than the cognitive (6). In the lower range, the speaker is being accusative (1) or demanding (2) without owning up to his feelings.

General communication patterns and the quality of the relationship were also measured in a variety of ways on scales developed by Dr. Guerney and his student/colleague group. Most of these, such as the Family Life Questionnaire and the Relationship Change Scale and Satisfaction Change Scale are described in detail in his book *Relationship Enhancement*, which Dr. Guerney feels is an adequate guide for experienced family therapists who wish to adopt RE for their use (1977).

How PARD and RIP Measured Up

The results of posttreatment compared to pretreatment testing generally confirmed the hypotheses. On specific communication skills of direct expression of feelings and empathic responding, the three groups did not differ initially. After a treatment, neither the subjects in TRAD nor the NT participants showed significant improvement, and they continued to be equal to each other in their average skill level. From pre- to posttesting, however, PARD participants showed significant improvement in both expressive and empathic communication skills.

In general communication patterns, as measured by the Adolescent/Parent Check List, the three groups did not differ initially. Neither NT nor TRAD subjects showed significant improvement from pre- to posttesting and participants in both groups continued to be equivalent in their general communication patterns. However, the participants in the PARD groups did show significant improvement with treatment. Also, mothers and daughters in the PARD groups showed that they had a significantly better general communication pattern than did the mothers and daughters in the NT and TRAD groups.

With respect to the general quality of the relationship, there was not complete uniformity on all of the measures used, but the following general conclusions could be drawn. TRAD participants improved more than the mothers and daughters in NT. With treatment, mothers and daughters in the PARD program showed significant improvement in the general quality of their relationship. Also, after treatment, PARD participants had significantly better relationships with one another than did the TRAD or NT mothers and daughters. These comparisons apply in such variables as: (1) empathy and genuineness toward each other; (2) intimacy, trust, openness, and understanding; (3) ability to deal adequately with interpersonal problems; and (4) personal satisfaction derived from the relationship.

Followup testing done 6 months after the termination of treatment revealed that in empathic and expressive skills the TRAD group still showed no greater gains than did the No Treatment group, while the PARD group showed more improvement than either of the other two. The same results were found with respect to general communication. With respect to the five measures assessing the general quality of the relationship, no significant differences between any of the groups were found on two measures. On the remaining three, however, the TRAD participants continued to have scores equivalent to those of the NT subjects, while the PARD participants showed greater improvement than did the NT subjects; on two of those measures PARD participants showed a greater gain than TRAD participants as well.

Other Differences

In other statistical analyses, mothers and daughters responded differently to the PARD treatment only on measures which tested their ability to respond empathically in typical problem situations with each other. Where there was a difference, it was the mothers who showed the greater gains, especially in the should-say and would-say statements. Both TRAD and PARD participants showed genuine interest in the program, had relatively few drop-outs or absences, were eager to express themselves in class and conscientious about their homework assignments. (For that matter, the control group members held up their part of the bargain, in finishing the testing series.) The leaders perceived more enthusiasm among PARD clients and attributed it to a sense of accomplishment in learning skills and an awareness of the future usefulness of these skills.

Topic selection was much the same in both groups. Problems with authority, discipline, love, respect, trust, and sibling rivalry were typical. PARD proved to offer more chance for the withdrawn or shy to express themselves, and there was greater self-disclosure and emotional expression. Both methods, however, succeeded in attaining in both mothers and daughters greater mutual understanding and respect for each other as sensitive, thoughtful individuals.

THE MANY USES OF RELATIONSHIP ENHANCEMENT

Spouses, fathers-sons, mothers-daughters—pairs from all of these populations have received help from RE. Some seek to ease troubled relationships, others to keep trouble from starting. The latter category and those who seek enrichment for an already satisfactory relationship are new and growing and no longer come solely from the better educated or well-to-do. RE "works" for persons of any socioeconomic class.

There are protections built into the system to keep the sensitive person from being hurt by having the rest of the group focus on his shortcomings. The RE group is supportive, because neither therapist nor group members make judgments or challenge anyone; everyone helps everyone else to learn the skills, and nothing more. More uses for this approach in therapy are being tried and found valuable.

Premarital Relationship Improvement by Maximizing Empathy and Self-Disclosure (PRIMES)

A survey of the literature on marriage might reveal a negative attitude, one that could be construed as pessimistic. Except for some generalized articles by family sociologists, there is little about premarital relationships, positive or negative. It is far easier to find articles on divorce and divorce counseling or essays, many facetious, on the "relationships" of the unmarried than on improvement of the interpersonal relation and problem-handling skills of a couple contemplating marriage.

The First Study on Premarital Counseling the RE Way

Stephen Schlein initiated the PRIMES variant of Relationship Enhancement. The program helps dating couples who are planning marriage by furnishing communication skills which can help them plan the future of their relationships, heighten awareness of the effect of their behavior on their partners, deepen intimacy, and guide in constructive handling of present and future problems. The insecurity an individual experiences when becoming more aware of another's needs and emotions while, at the same time, developing more self-awareness indicates the need to foster both the relationship of the dating/premarried individuals and the personal growth of each.

To evaluate the effectiveness of RE for premarrieds, Schlein assigned one randomly selected group of couples to the learning series for an 8-week period of 2-hour sessions. The other 29 couples, "a waiting list control group," were compared to the learners. The findings of change were not as uniform as were those with married couples, probably because of the high level of acceptance and optimism in the premarital couples. The study showed, however, that the learners revealed greater empathy in listening and openness in expression, firmer ability to handle relationship problems, and a higher degree of trust and intimacy.

RE for Newly-Weds

Guerney commented, "One of the things we'd like to look at a little more is how people select problems; in other words, what problems each member of a couple sees as the most significant. This might be particularly revealing in the premarital couples, when they discover areas where they thought they were in agreement but really weren't."

Most ministers include counseling for the wedding couple as a part of the wedding planning, in the midst of selecting the music and the color of the bridesmaids' gowns. Guerney and Vogelsong plan to sponsor a series of workshops which will expose ministers not only to the RE approach to premarital counseling but to a new RE program, Neomarital Relationship Enhancement. During the first year of marriage, a young couple may be more realistic about what sharing and growing together entail and, therefore, receptive to learning more effective ways of handling their emotions and psychic growth as individuals and as a couple.

RE For Delinquents

One of Bernard Guerney's current graduate students, Patricia Daubenspeck, told of helping a mother-son pair who had been referred by a probation board. The young man had spent several months in a detention home and was paroled, on condition that he have some kind of family therapy, a requirement which he resisted at first. Daubenspeck saw the pair alone for 12 meetings and told this story:

> Her first job was to get the mother, a divorcee, to *listen* to her son, rather than fumble in her purse for a tissue or a grocery list. The mother had been so disappointed over her son's behavior that she appeared slow in recognizing the change which came over him within six or eight meetings, when he became quite open with his mother and shared much more with her than he had thought of doing for many years. The son had been notable for the large hat he wore down over his face, which "used to drive his mother crazy."

Daubenspeck commented, "I think one of the milestones was that he didn't wear his hat the last couple of times. He was more comfortable, I think, looking at people."

RE For Drug-Related Cases

Guerney reports on a graduate student who has used role playing and trained other staff members to teach RE skills to residents of a treatment center for drug addicts. He has found these skills useful in staff-resident relations. In fact, residents comment that they expect to find RE useful on re-entry to the outside world. Edward Vogelsong reports working recently with drug and alcohol addicts who are more receptive to the RE approach than to the confrontational, confessional sort of group therapy. Helping addicts is another context in which Guerney and friends hope to do more work.

RE For the Mentally Retarded

Vogelsong related a mother-daughter case study which he felt was among the most challenging in his experience and illustrative not only of RE with special populations but of RE in establishing specific solutions:

> A 55-year-old widowed mother and her 22-year-old retarded daughter were referred by a concerned older sister. The daughter worked in a local sheltered workshop but was unable to read and write the forms, so the therapist had to read the questions and write her answers. The mother, who had assumed it was her job to do everything for her daughter, never took seriously the girl's desire to do things for herself and had not realized the extent of her daughter's unhappiness. The girl's latest wishes were to drive a car and to date, requests to which she had received a flat "no," without discussion or explanation.
>
> When it was the girl's turn to listen empathically, the therapist had to help her more than is usually the case. To assist her in articulating her feelings, it was necessary to use those special feeling words that were a part of her limited vocabulary. The mother learned a great deal about her daughter that she had never been able to learn, or perhaps tried to learn before.
>
> Some compromises were worked out using the mother's and daughter's newly learned skills. The daughter was allowed to start driving on back roads accompa-

nied by the older sister in the sister's car, and was permitted to entertain a young man once a week at home, watching TV and making popcorn. These privileges seemed to satisfy the younger client, whose assumption of some personal responsiblility gave a tremendous boost to her self-esteem, and the mother was relieved at the removal of tension and the growth of shared understanding.

RE For Inpatients and Their Families

The RE method tries to change the characteristic patterns of interaction between patient and family which, otherwise, may continue to be destructive to family harmony and to individual self-esteem. One goal is to replace these patterns and messages with attitudes and actions designed to promote both self-understanding and better understanding of others. Another is to help the individual sort out priorities, aspirations, and expectations, the better to know what to seek for himself and what to expect from family and friends. RE seeks, also, to make honesty predominate over deceptions, conscious or (more likely) unconscious, and to establish mutual compassion.

The RE approach seems eminently reasonable for this particular population, since its three-pronged accomplishments—therapy, prevention, enrichment—are applicable both in and outside a residential setting for patient and family members alike.

RE In Public School Settings

Can children as young as the age of ten be trained in the same empathic skills which have proven successful in enhancing relationships among older individuals? Dr. Vogelsong (1978) conceived a study to find out, since his reading of Piaget and others suggested the possibility. He paired randomly 6 boys and 10 girls in a small, rural public school and gave them an audiotaped dialogue pretest with the instructions: "I want you to talk with each other for 5 minutes about which TV programs you like and don't like. Try to understand each other as much as you can. I'm leaving and will be back when the 5 minutes are up to turn off the recorder."

The children were then assigned randomly to Skills-Training and No-Training groups, identical in sex and nearly identical in age, the mean being 10 years, 3 months. After training, the children in each group were again paired randomly to take the dialogue posttest, with the same instructions as the pretest. Once a week for 10 consecutive weeks the training program went on during a 45-minute activities period at the end of the day. The trainer met with the Skills-Training group in one classroom, while the others worked in another room on teacher-assigned craft projects.

During the first 2 weeks, the children learned nonverbal ways of showing and recognizing emotions by identifying those the trainer portrayed with gestures and facial expressions and by volunteering to portray words from lists of familiar feelings. They acted out and identified at least one emotion at each of the sessions, and a discussion period followed. During the third and fourth weeks, they learned the importance and ways of showing empathic acceptance of another's statement, each child restating the trainer's statement in a declarative sentence.

During the fifth and sixth weeks, each child was given a different list of several topics—"My favorite pet" or "The school subject I like best." One pair at a time, the children practiced with one discussing a topic, the other responding empathically, and the trainer giving verbal reinforcement and helping with responses if necessary. Sometimes they traded partners and changed topics. In the last 4 weeks, the children selected specific partners and discussed their own topics at length. They took turns in both roles and the group discussed how it feels to know that the person you are talking to understands you. Near the end of the sessions, each child stated in a sentence or two his feeling at the moment and discussed the importance of being aware of one's own feelings.

Because of the small number tested, there was no separate analysis by sex nor did the data suggest any differences. Using the AOS, testing revealed that change did take place in the Skill-Training group. There were no significant differences between the two groups at pretesting nor between the pre- and posttest scores of the No-Training group.

The enthusiasm of the Skills-Training children was the best endorsement. They volunteered eagerly and came with topics to discuss without being told, often commenting, "I wish more people would talk to me like this." They asked for the program to continue and, on their own initiative, gave a party for the trainer/experimenter on the last day. Vogelsong admits that further research is required to expand the period and the skills taught. The study suggests to him, however, that active, specific, concrete skill training can become a significant part of affective education even in the elementary grades.

Whole Family Therapy

For Guerney, some of the excitement of Relationship Enhancement lies in finding new uses for the method, or modifying it for new populations—addicts, business groups, high school groups, and whole families. Patricia Daubenspeck is planning her doctoral dissertation on the family, with research centering on the whole family unit, as opposed to filial, parent-adolescent, or couple. The pilot study has been encouraging, with strong, positive results, so Daubenspeck and Guerney are looking forward to the full-scale study. They hope, in fact, to arrange a comparison with a more traditional family-therapy approach, possibly going into a treatment center where family therapy is done, training some of the counselors with the RE method, and testing the efficacy of each.

Helping and Training Other Therapists

From intake, the first contact with potential clients, to the final sessions, when the leaders ideally do little more than observe, the procedure is relatively structured. RE programs require well-trained leaders, but, because of specificity and the clarity of the teaching techniques and methods, the time required for training is short, compared to other methods of family therapy. It includes appropriate reading, observation of live or videotaped groups-in-progress, and supervised playing of both client and leader roles. There are training films available on conjugal and parent-adolescent therapy, with clear, low-key demonstrations of each of the modes, even an occasional "offstage" prompting of the Facilitator by the leader. The situations presented are absorbing and true-to-life.

Graduate students without previous practicum experience can become junior coleaders within 80 hours; generally, after ten sessions of short postgroup session supervision, a junior coleader is ready to be a senior coleader and a cotrainer. Experienced professional persons usually need no more than 3 to 5 days of intensive workshop training, often in their own agency setting, followed by a period of supervision.

Dr. Guerney and his colleagues have held many such workshops, both in the Individual and Family Consultation Center at The Pennsylvania State University and in many other locations, for individuals from many parts of the United States. There is now, in fact, a nonprofit institute presently directed by Dr. Vogelsong for the conduct of on-site training and/or continuing supervision anywhere in the country of mental health programs based on an educational mode. It is the Institute for the Development of Emotional and Life-Skills, a name which forms an inspired acronym, IDEALS (P.O. Box 391, State College, Pa. 16801).

What of the Future?

Guerney isn't sure what may develop after the family study. As he says, "There's a lot of research to be done yet, I think, on process. That is, what kind of problems do people select, do they begin to talk more about what might be classified as deeper problems as they get further along in treatment? We may want to assess massed sessions further. We may want to do more marathon work with people who have serious problems, meeting 4 hours every other day, up to 8 hours, let us say, so that problemsolving with new skills can start right away."

Bernard Guerney's vision now is for a School for Living, that is, institutions located throughout the country either in fixed locations, "without walls," or as extension courses. However set up, and whether financed by fees, communities, or a combination, such a school could serve people across the whole life span: *preparing for a change*, such as parenthood and retirement, to name two; *coping with change*, such as divorce, widowhood, or job loss; and *creating change*, the aspect which covers relaxation, addictions, sexual problems, acquisition of desirable traits, and ridding oneself of undesirable habits—achievement of personal and interpersonal ambitions, in other words.

To the creator of RE and IDEALS, the prototype for a School for Living, the dream is entirely possible.

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